MIDDLESEX HOSPITAL.

Practical Clinical Remarks
ON
THE DRESSING OF WOUNDS AND BRUISES.
WITH
SOME OBSERVATIONS ON POSITION AS A REMEDIAL AGENT.

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GENTLEMEN,—It may broadly be stated that in no one particular is a reflective surgeon more distinguished than in the care he bestows upon the external management of the cases that come before him. He who does not endeavour to refer all his proceedings to the guidance of reason, or who proceeds in the path of routine, without regard to the *principles* involved in the treatment he adopts, will never make any considerable progress in his profession, and will always be behind rather than in advance of the times in which he lives. In nothing is the truth of this statement more conspicuous than in the dressing of sores and wounds. In former times the error lay in doing too much;—vulneraries, ointments, bandages, and stimulating applications, formed, as with some they still do, the necessary accompaniments of every practitioner. On the Continent, and especially in France, the surgeon is never content to let a wound alone; but, when he cannot find an excuse for doing anything else, invariably applies to it, in passing, a solution of nitrate of silver, which he carries with him for the purpose. In England, however, there has long been a reaction against this excessive meddling, and the error is now rather the other way. Influenced by the encomiums of Mr. Abernethy, the application of a "well-made poultice" forms the easy method in which a vast variety of suppurating wounds are habitually treated by professional men as well as by the public. It might have been expected that the outcry which was formerly raised by Mr. Liston against this practice would have effectually discountenanced it; but personal observation will convince anyone that it is far from being exploded, even in our hospitals. I have seen many a limb become disorganized within the folds of the cloth that contains the poultice—many an inflammation, and especially many a phlegmonous inflammation, spread, under a similar application, until it has cost the patient his life; and many a burn prove fatal from want of careful dressing. It does not require that we should go far to seek the reason for this state of things: it is simply that the *patient dies poisoned by his own secretions.* He might just as well live over a drain, or expect to regain health and strength in an atmosphere of sulphuretted hydrogen. Pus, however formed, or in what situation soever found, is a morbid secretion which must be checked, and got rid of as soon as possible. Sloughs and disintegrated tissue are matters which have no business in contact with living textures. A poultice, though often renewed, retains these noxious materials in the neighbourhood of absorbents, which, from the removal of the integuments, are unusually well placed for conveying poison into the system; and hence it is that so many patients suffering from severe burns die from a species of low typhoid fever after they have survived the first shock, and their wounds are "suppurating kindly." Pyohæmia and general infection of the system may often be traced to the absorption of putrid matters from suppurating sores, and it therefore becomes of great importance to provide for the effectual cleansing of wounds, and for the oxygenation of such discharges as are unavoidably retained in contact with them. These things are almost impossible under the poulticing system, even with the addition of charcoal, yeast, carrots, and other subtances which are commonly used for that purpose. It must not be supposed from the foregoing remarks that poultices are to be indiscriminately condemned; with certain restrictions they are proper and useful; but I speak thus definitely, because I wish to rouse your attention to certain "*common things*," which are in danger of being lost sight of from their very homeliness.

First, I wish to say a few words to you respecting *bruises.* They are of various degrees of intensity, sometimes being very trifling in amount, and sometimes reaching to the almost complete disintegration of the tissues; and, if at all serious, are invariably accompanied by the effusion of blood from the broken capillaries underneath the skin. The great extent of these effusions of blood, extending as they do sometimes for a space of a foot or more around the seat of injury, the feeling of soreness which they produce, and the changes of colour which the absorption of the blood gives rise to, are familiar to us all. We all know, too, that condition of general shaking, from a fall or the like, which causes people to complain of "being bruised all over." In fact, bruises in some shape or way are the commonest of all injuries, and those for which surgical aid is most frequently required. It is gratifying, therefore, to know that in the common arnica plant, and in the tincture prepared from it, we have a remedy of very singular efficacy, applicable in all cases, from the most trifling to the most severe. I have employed it for several years past in a vast variety of cases, and can speak of it from experience as unapproached in power by any other remedy or combination of remedies whatever. Many persons suppose that we are indebted to the homœopaths for the introduction of arnica; but this is quite a mistake, although it has been more prominently brought into notice by their commendations. Arnica has long been in use as a popular remedy in Germany, as well as in this country. In Ireland, a poultice of arnica leaves (the leopard's bane) is a favourite application to the "broken knees" of a horse, and is a far more rational one than the stimulating "oils" so commonly used in England. To bruises, to allay the smarting of wounds after operation, to fractures, dislocations, and all similar injuries, it may be applied with implicit confidence in its power, to the exclusion of fomentations, cooling lotions, and leeches. The only objection that can be made to it is that it sometimes irritates the skin; but this proceeds from its being employed in too great quantity and strength; or it is possible there may be a peculiar idiosyncrasy which predisposes the skins of some persons to become irritated by it. I can only say, however, that such cases must be rare indeed, for I have never met with one. I never employ it weaker than two drachms of the tincture to the pint of water, or stronger than two drachms to the ounce of water, and this only in rare cases, and for a short time, until pain has abated. The most useful strength is four or six drachms to the pint, and this may be kept as an hospital preparation, and used indiscriminately. In cases of very severe shock, as in heavy falls, a few doses of the tincture in quantities of five minims, administered internally at intervals of four or six hours, and carefully watched, for it is a depressant, will give great relief.

A few examples will serve to illustrate the foregoing remarks. And, first, one from my own personal experience. Three years ago the top of my finger was caught and violently jammed in shutting a carriage door. In the course of a few minutes the nail got black, and blood oozed from beneath its sides, whilst the pulp of the finger swelled up into a distinct tumour from the effusion of blood, and I need hardly say the pain was excessive. I went to the nearest chemist's, and got a lotion composed of two drachms of the tincture of arnica in one ounce of rose-water, and applied this assiduously as fast as the lint wrapped round the finger became dry, at the same time taking care to keep the hand well elevated. In the course of an hour the pain had very much abated, and I added some water to my lotion. Before going to bed at night all inconvenience had ceased, except when the part was touched; the blackness rapidly disappeared, and in a few days my finger was perfectly well, without the loss of the nail, and in striking contrast to what usually happens in such cases.

Many of you will remember a man, lately discharged from Clayton ward, who had fallen from a scaffolding twenty feet high, and had alighted upon the broad of his back. His sufferings were extreme; he passed blood in his urine, and subsequently for two days had retention. Nevertheless, the arnica lotion applied to his back, and a few doses of the tincture taken internally, relieved him in a marvellously short space of time, although every surgeon knows that there is not a more trouble-

some or lingering affection than this general shaking or bruising from a heavy fall.

Another patient, not yet discharged from the same ward, had an obscure injury to the shoulder-joint, simulating dislocation, for which attempts at reduction under chloroform had been made before I saw him. The injury was probably fracture of the glenoid cavity of the scapula, and was followed by ecchymosis extending half way down the back, and by very acute pain. Here the arnica was no less useful than in the former case, and the man has now almost recovered the use of his limb. To all our fractures you know it is an established remedy, and you saw me lately employ it as a lotion to relieve the pain which followed an operation for the extraction of cataract. Some of you will recollect that very formidable case of fistula in ano which lay in Bird ward, and which required so many operations for its cure. Nothing alleviated the severe pain attendant on it so much as arnica. I am informed by our house-surgeon, Mr. Cresswell, that he paints over any black eye that may be seen in the surgery with the pure tincture, which has the effect, in the early stage, of preventing the ecchymosis almost entirely, and, in a later one, of rapidly getting rid of it. But I might multiply these cases indefinitely. I am bound to say, however, that I have not as yet found it to be so efficacious in relieving the pain of cancer as we might have hoped it would be, and this probably arises from the fact that its action seems to be confined principally to the cutaneous and immediately subjacent textures. And this leads me to speak of its *modus operandi*. We know very little indeed of the ultimate action of any medicine or external application, but the probability is that arnica produces anæsthesia of the cutaneous nerves, and exerts some influence on the ganglionic nerves, which surround the blood-vessels, and regulate their action; for it certainly arrests the formation of thrombus and ecchymosis. However, whether this is theoretically correct or not, the practical efficacy of arnica is incontestable.

I have only one other hint to give you as to the treatment of bruises, and that is,—whenever practicable, keep the limb well elevated above the plane of the body; but upon this important subject I shall have more to say bye-and-bye.

Wounds.—As regards the treatment of recent wounds, whether connected with fracture or not, it is also necessary to be on your guard lest meddlesome surgery, like meddlesome midwifery, prove injurious to your patient. When hæmorrhage has ceased, and the part has been perfectly but gently cleansed, all torn and displaced textures should be carefully brought together, taking care that no stretching of the integuments is permitted. In many cases, where there is a disposition to sanguineous oozing, a bit of dry lint forms the best and readiest application. The albumen of the blood coagulates and hermetically seals the wound; whilst, at the same time, it is by no means prone to decomposition, so that it will dry and adhere for many days without becoming offensive. The case is quite different with clots of blood, which are notoriously apt to putrefy when exposed to the air. Strapping and adhesive materials, except sometimes as tending to support and consolidate the sound textures, should be avoided,—metallic sutures, either of well annealed iron wire or of silver wire, being substituted for them. Metallic sutures excite no irritation, and may fearlessly be employed in every situation and to all textures. Unlike sutures made of vegetable materials, the holes through which they pass undergo no suppuration or ulceration, and they may be left *in situ* for an indefinite period—for three weeks if it be desired; indeed, it is not an uncommon event for us to lose a wire suture altogether, the patient leaving the hospital with it still in his body. The arnica lotion should be applied over the wounded part, which, when practicable, should also be kept elevated high above the patient's body; and the relief that these two measures afford will surprise persons who are not familiar with them. The only exception to the propriety of elevating the limb is in cases in which there is much loss of temperature from defective circulation, or a fear of sloughing from the severity of the injury. To limbs in this condition, thick layers of cotton wool form the most advisable application; but, in my opinion, no worse practice can be adopted than that which is too common—namely, the placing of the injured part in a hot poultice that it may "recover itself." The results of careful adjustment, and of attempts to save textures and parts, almost against hope, will amply repay the surgeon, who, at the same time, places his reliance in opium and wine as constitutional treatment. I may here mention that when reaction and inflammatory fever set in, the tincture of aconite, when carefully watched, will exhibit the surprising power which it exerts over all forms of vascular excitement.

Suppurating sores and wounds.—Your minds cannot be too strongly impressed with the truth, that suppuration is a great evil, and may become a great peril to your patient. All applications that promote it are, therefore, to be avoided—such as hot fomentations of all kinds, poultices, and ointments. Torn and disorganized parts will suppurate in spite of all we can do. Our efforts must, then, be directed to rendering the process as little inconvenient as possible. The most scrupulous attention must be paid to supporting the suppurating textures by means of splints, strapping the sound parts of the limb, and applying graduated pressure, so as to limit the area of suppuration, and prevent the matter from burrowing. Next, the pus itself must be rendered as innocuous as possible by attention to cleanliness, and by disinfection when, as is most commonly the case, this also is required. Long ago impressed with the fact that erysipelas, diarrhœa, phlebitis, and low fever could often be traced to the foul condition of suppurating sores on the patient's own body, I have tried almost every disinfectant that has come before me, including of late the mixture of plaster-of-Paris and coal-tar, now so much eulogized in France. One objection to it, and to several others,—as, for instance, charcoal, one of the best of all,—is that they are unseemly, or smell disagreeably. No such objection, however, applies to a solution of Condy's fluid (the permanganate of potash), which, for two years past, I have largely and most beneficially employed in the case of all varieties of suppurating sores. A solution of from half a drachm to two or four drachms of the purple fluid, to the pint of water, will keep even the most offensive sore sweet and clean, and, as a general rule, produce no pain whatever. If it does, the solution must be made weaker, until the required strength is attained, for there is a great difference in respect to its tolerance amongst patients. Its benefits are, perhaps, more strikingly displayed in the case of burns than in any other form of suppurating sore. From the day that suppuration commences in the case of a burn or scald, under my care, it is dressed with lint saturated with a weak solution of this fluid, commencing with half a drachm to the pint of water, over which a layer of cotton wool is applied. I have no hesitation in saying that burns thus treated will get well better than under any other system that I am acquainted with. The smell, always one of the most distressing features in these cases, is very greatly lessened, if not altogether destroyed; and the patient, no longer tormented with a horrible odour constantly under his nose, regains his appetite for food, whilst he is spared the chances of constitutional affections from absorption of putrid matters.

Amidst the variety of cases thus treated which you have all seen, I need but single out, as an example, the case of Bridget C——, who for eight months lay in Bird ward. Hers was one of the worst cases of burn that I ever saw recover, extending, as it did, over nearly all the left side of the trunk and abdomen, by far the most perilous situations, as well as over the left upper and lower extremities. Those of you also who have watched, as I requested you would watch, that old woman from whom I recently removed a large polypus which had grown into the frontal sinus, and displaced the eye, will have observed how the serious typhoid condition into which she was thrown by the putrid discharge flowing back into the pharynx, was chiefly relieved by the assiduity with which the discharge was disinfected by injecting the two-drachm solution of Condy's fluid into the nares every four hours. So also you have often seen it employed as a wash for the mouth, as an application to destroy the fœtor of cancerous sores, and as an injection in uterine carcinoma. Chemical science teaches us that the permanganates are true disinfectants because they oxygenate, and do not act merely as deodorizers.

Position as a remedial agent.—The last subject upon which I wish to speak to you at present is, the importance of enforcing an elevated position of the limb in a large proportion of the surgical lesions that come under our care. I add this to the other topics spoken of previously, because it is in practice inseparably connected with them, and because the whole of these observations taken together constitute a picture of the daily routine which, with various modifications suggested by experience, you will be called upon to follow out in the course of your ministrations. Whatever be the ultimate cause of inflammation, there can be no doubt that there is an accumulation of blood in the neighbourhood of injured and inflamed parts, arising partly from retardation in the circulation, and partly from an increase in the quantity sent to them. Even on the explanation of the mechanical pressure thus exerted on the nervous twigs, much of the pain complained of becomes explicable; but comparatively few persons are aware of the prodigious power which a great degree of elevation of the limb exerts upon the inflammatory process when it occurs in an extremity. If you elevate one hand high above the head, and

suffer the other to fall down by the side, in the course of a very few minutes you will find how completely the one has become blanched and cold, whilst the other is hot and dark coloured. So it is with an inflamed limb; but a trifling degree of elevation is of no use: the lower extremity must be placed in the position which we adopt in cases of fracture of the patella; whilst the upper extremity, if the inflammatory symptoms run high, must be tied up, and supported as nearly as possible in the perpendicular position. I have kept limbs in these positions for a week at a time, although in the case of the upper extremity twenty-four or forty-eight hours of the extreme degree of elevation is all that is required. If both arms are placed high above the head, the effect produced in the cerebral circulation becomes very marked; and some persons are in the habit of relieving the severity of a morning headache, which they experience on waking, by the adoption of this simple proceeding. I was much struck by the fact that the sudden death of the Duchess d'Aumale, which occurred whilst she was convalescent from her confinement, took place as she sat up in bed combing her hair. A very few examples of the beneficial effects arising from this plan of elevation will serve to remind you of what you may any day observe for yourselves in the hospital. Some little time ago a patient was received into Regent ward, with phlegmonous inflammation of the left thigh and leg, following on a slight wound, in an unhealthy constitution. The limb was much swollen, of a universally dark-red hue, inclining here and there to a claret colour, very œdematous, pitted on pressure, and intensely painful. Some years ago I should have adopted the practice which I learned at the hospital where I was educated, and should have made free incisions into it, to be subsequently followed by poultices; but now I had it wrapped in cotton wool, and maintained flexed at an acute angle with the abdomen, whilst a few small doses of the tincture of aconite were administered to the patient, for the general febrile disturbance was very considerable. In the course of six hours the pain, swelling, and redness had greatly abated, so that the patient slept as she had not done for many days previously. Subsequently, two or three small abscesses had to be evacuated from beneath the skin, and the patient got well under the employment of the tincture of iron, good living, and wine, with a speed which experience of both plans of treatment enables me to affirm she would not have done had the bloodletting incisions been resorted to. I might multiply such cases if it were necessary to do so. Take, for another example, the case of the woman now in Bird ward, who was admitted with a neglected scald of the ankle of a fortnight's standing. Observe how the enforced elevation of the limb speedily eased the extreme pain, and changed the character of the deep-red, inflamed, foul, discharging ulcers.

Similar instances you have seen in the case of the upper extremity; but, for a specimen, let me refer to that girl who was admitted for repeatedly-recurring hæmorrhage from a wound of the palmar arch. You know that the wound itself was sloughing, from the pressure which had been applied to it for some days before she came to the hospital, and that forcible flexion of the elbow-joint failed to stop the bleeding. A piece of bougie, rendered thicker by having lint wrapped around it, was strapped along the course of the radial and ulnar vessels at the wrist, and for ten days the girl's hand was tied up, wrapped in cotton wool, to the head of the bed-post. She speedily got accustomed to the inconvenience of the position, and, almost contrary to expectation, the wound healed kindly, without further hæmorrhage.

I may mention, in order to show that this position of the arms, though unpleasant, is by no means unbearable, that I am acquainted with the case of a young lady who for two years slept with the hands and arms thus raised, as a means of preventing her from practising masturbation, which had reduced her to the lowest state of mental and bodily weakness.

These things, gentlemen, may appear to be but little matters, but you may depend upon it that as our knowledge increases so do our plans of treatment become more precise and simple.

ILLEGITIMACY AT HOME AND ABROAD.—The proportion of illegitimate births in Scotland is very large, but in France, Austria, and Prussia matters are far worse. In Scotland, it stands at one in ten; but it is stated that in Paris and Vienna every third child is illegitimate; and in Munich years have even occurred when the number of illegitimate births has surpassed that of the legitimate. In London, the children born out of wedlock are as one to twenty.

ON VESICO-VAGINAL FISTULA:

ILLUSTRATING A NEW MODE OF OPERATION.

BY ISAAC BAKER BROWN, ESQ., F.R.C.S.

I HAVE already related twenty cases of this difficult lesion which I have cured. I now desire to place upon record seven more, six of which have been successfully treated, making an amount of success—viz., twenty-six cures—greater than that yet published by any other surgeon. I wish, therefore, to present some practical facts worthy the attention of the profession. I shall first briefly relate the cases, with such comments as may be necessary, and then sum up with some practical observations and suggestions. I intend particularly to dwell upon a new mode of operation, which I consider a great improvement.

CASE 21.—*Vesico-Vaginal Fistula; two operations; cure.*—A. B ——, aged forty-four, residing at Lewes, Sussex, was recommended by Dr. Henry Bennet. She was admitted into "The London Home," on the 10th of January last; she has had five children, all of whom were still-born, except the fourth, who is now living; she was last confined on Oct. 3rd, 1857; she has also suffered from severe menorrhagia, followed by the removal of a polypus. (Statement of her medical attendant):—After her last confinement, a piece of bladder sloughed away. Her general health improved gradually; and as hopes were held out of a cure taking place without operation, she postponed applying for further relief. She is enormously stout. The opening into the bladder can with difficulty be seen. When felt, it appears about two inches and a half across; the posterior edge being formed entirely by the lip of the os uteri, which was much enlarged, thickened, and patulous. The edges of the fistula were inverted.

Jan. 17th.—She was cautiously put under the influence of chloroform; but the parts were unable to be brought into view from the rolls of fat in the labia and vagina. Nothing, therefore, was done. The difficulties of the case were so great that I advised her to give up hopes of recovery; but she begged so hard to have another trial that I determined to try and bring down her fat, and consequently kept her on milk, fish, biscuit, and water. The result was so satisfactory that, on Feb. 14th, I operated, using Bozeman's button and seven sutures. No chloroform was given; and she was placed on her knees and chest, so that she might assist us in keeping open the vagina. Every suture was passed through the lip of the os uteri. There was profuse hæmorrhage, which continued some hours after the operation. Generous diet and wine were allowed.

Feb. 15th.—She suffers great pain in her right side and leg, and she was obliged to be put on her back.

17th.—Slight escape.

26th.—Button removed; the parts look sore and unhealthy, but apparently united. In two days it was found that the opening was but little, if any, smaller than before the operation.

March 19th.—I intended to operate, but finding a band contracting the parts, I thought it better simply to divide it. The parts were then kept dilated with sponge tents.

April 8th.—The parts not being sufficiently healed to allow another operation, she was sent into the country for a time.

May 3rd.—She returned, much improved in general health.

7th.—I operated again, using my bar clamps. I was assisted by Messrs. Nunn, Philip Harper, Wratislaw, and Spencer. The parts were brought into perfect apposition by six sutures. Opium was given until sleep was induced.

15th.—Catheter left out for half an hour; no escape.

16th.—Bowels relieved freely after some aperient medicine; urine passed naturally.

20th.—No escape; healthy and plentiful discharge of granulating pus.

23rd.—The clamps were removed, and most perfect union had taken place; not the least appearance of escape.

She was discharged perfectly cured, and has since repeatedly reported that she is quite well.

Remarks.—This was the most unpromising case I had yet met with. The extreme fatness of the patient, especially around the thighs, labia, and vagina, rendered it quite impossible, under chloroform, to get a view of the opening, large as it was; but when she had been reduced by diet, &c., then, without chloroform, being placed upon her elbows and knees, I was enabled to pare the edges, and bring them well together with

Bozeman's button, passing every suture through the thick lip of the os uteri. When I first removed the button, I thought the union was complete, and she passed her urine comfortably. Directly she got about, all gave way again, showing that the edges of the fistula merely were united. This I attributed to the character of the fistula, which was so much inverted that the button merely brought the edges into contact, and not the entire raw surface. I therefore determined to use my bar clamps, so that each stitch might bring well together the entire denuded surface, and fall in with the inverted edges; the result being a complete cure.

CASE 22.—*Vesico-Vaginal Fistula; four operations; cure.*—R. O——, aged thirty-two, admitted into "The London Home." The fistula appeared six months ago, after a labour of two days' duration. The opening was not large.

March 3rd, 1859.—I operated, and for the first time used my bar clamp instead of Bozeman's button. Chloroform administered.

10th.—The clamps were removed. All the fistula was healed, except a small point in one corner.

17th.—I operated again, using Bozeman's button.

25th.—Slight escape.

28th.—Button removed; parts look unhealthy; general health not good.

On April 22nd I again operated.

May 10th.—Part of fistula healed; an opening about the size of a goose-quill on the right side. The parts look healthy.

12th.—The patient being put under chloroform by Mr. Edwards, I proceeded to operate in the presence of Sir James Clark and others; using Bozeman's button and three sutures.

20th.—No escape; healthy and plentiful discharge.

21st.—Bowels opened.

23rd.—Button removed; perfect union, and not the least apearance of escape.

Soon afterwards she was discharged, perfectly cured.

Remarks.—This was one of the cases where union at the first operation did not take place, from the unhealthy condition of the patient. It will be seen that I waited a month between the second and third operations. I returned to Bozeman's button, because the parts around the fistula required a good deal of support. I had not then acquired sufficient confidence in my bar clamps to persist in using them after failure.

CASE 23.—*Vesico-Vaginal Fistula; three operations; cure.*—A. S——, aged fifty-eight, admitted into the "London Home." The accident occurred thirteen years ago, after a labour of forty-eight hours' duration, which was finally terminated by instruments. The opening is as large as a half-crown, and passes completely across the vagina at the juncture of the body with the neck of the bladder.

March 3rd.—I operated, using Bozeman's button and six sutures.

7th.—Slight escape; catheter discontinued.

10th.—Button removed; all healed, except a small corner.

17th.—I operated again, and used bar clamps.

25th.—Left off the catheter on account of the irritation it caused. Nearly all the urine passes by the urethra, but there appears to be a slight escape.

28th.—Clamps removed; still a small opening.

April 7th.—I operated a third time, using my bar clamps.

10th.—Catheter removed; no escape.

20th.—Clamps removed; no escape; all perfectly healed.

23rd.—Discharged, cured.

Remarks.—This was a case of great severity, and the patient was worn down by her long-continued suffering. Still it will be seen that in seven weeks she was completely cured, and has continued well to this time, having recovered her general health and spirits. This case also shows the intolerance of the catheter which some patients suffer from; and I considered it better to remove it, and have the urine drawn off frequently by the nurse.

CASE 24.—*Vesico-Vaginal Fistula; operation; cure.*—H. H——, aged twenty-four. Has had two children. The accident occurred during the first confinement, about three years ago, when instruments were used, after a long labour, and chloroform administered. Five days after the labour, she found that the urine escaped involuntarily.

Two years ago, an eminent surgeon at Reading performed an operation, which materially reduced the size of the fistula. Since then her general health has been good. She was admitted into the "London Home" on the 22nd of March, 1859.

March 24th.—I operated, using Bozeman's button. The opening was very small, and only two sutures were required.

25th.—Slight escape from urethra.

27th.—Good purulent discharge.

April 5th.—Button removed.

11th.—Discharged, quite cured.

Remarks.—This case was one of the smallest kind we meet with, and situated at the side of the vagina, almost covered by puckered folds of mucous membrane. It will be seen that the first operation was successful. I here used Bozeman's button because of the puckered state of the vagina.

CASE 25.—*Vesico-Vaginal Fistula; operation; cure.*—Mrs. F——, aged thirty-five. Six years' duration. Sent to me by Dr. Hingston, of Plymouth, whom she had consulted. Has been pregnant five times. Three of the labours were terminated by instruments, and the other two were miscarriages. The fifth labour took place six years since. She was in hard labour fifteen hours, and, becoming exhausted, craniotomy was resorted to. The urine escaped immediately after the termination of the labour, and has since always passed away without her control. When lying down, she can hold about half a teacupful. Menstruation irregular, and general health weak. Examination showed an opening in the bladder, admitting the forefinger, and extending through the os uteri up the neck of the uterus for an inch and a half. The os was torn, and one portion of it formed a sort of valve, falling over and partially concealing the opening.

July 16th.—I operated in the presence of Dr. H. Jones, Messrs. Nunn, Philip Harper, and Hemphill, Mr. Edwards giving chloroform. I was obliged to insert the sutures longitudinally, instead of transversely, and through the cervix uteri itself. I managed thus to get the edges together. There were six sutures; the highest one I closed with a simple shot; the remaining one with my bar clamp.

20th.—Complains of catheter hurting her, and is constantly withdrawing it.

22nd.—There appears to be a slight escape. She is very restless and hysterical.

August 1st.—The clamps removed. The opening appears entirely united.

4th.—Very careful examination shows the opening to be entirely healed. She can hold her urine four hours.

In a letter I received from her husband a few days afterwards, he says—"I believe the operation has been entirely successful, and that after my wife gains strength she will be able to move about with perfect ease and comfort. She can hold her urine four hours at a time."

Remarks.—This case was one of great difficulty. At first I passed my sutures as usual transversely, and hoped to bring down the torn os and cervix on to the edge of the fistula, but I found there would remain a vesico-uterine fistula. I therefore removed them, and inserted them longitudinally. Thus I brought the edges of the torn cervix well together, and afterwards the vaginal part of the fistula. I felt confident the operation would succeed; but the poor lady seemed to possess no power of keeping quiet, and the catheter irritated so much that she kept constantly removing it. Thus it appeared success could not follow; yet the clamps held on so well that the union was complete.

CASE 26.—*Vesico-Vaginal Fistula; operation; death.*—Mrs. E——, aged fifty-six, admitted into "The London Home" on April 19th, 1859. About twenty years ago she was delivered of her eighth child, after a labour lasting from Monday until Friday. It was terminated without instruments. Five days afterwards the urine trickled away involuntarily. It was at first attributed to weakness, and nothing was done. She cannot retain any urine in the bladder in any position whatever. Her general health has become much affected, and she has suffered much from bilious attacks.

Examination showed a large opening, the lips of which were bound to the walls of the vagina by strong bands of organized lymph.

April 21st.—I divided the bands, and plugged the vagina with a sponge tent.

25th.—A little hæmorrhage.

May 2nd.—A smart attack of hæmorrhage. The vagina was injected with a solution of chloride of zinc, and then replugged with lint saturated with a strong solution of tannin.

5th.—No hæmorrhage; vagina replugged. To take bark and nitric acid; to have the vagina injected daily with a weak solution of chloride of zinc.

9th.—Suffers great pain after the injection.

11th.—Progressing favourably; the wound dressed again.

15th.—The wounds have healed; dressings discontinued.

26th.—I proceeded to operate, using my bar clamps and

three sutures. There was violent hæmorrhage from a small artery. The patient was at first put on her hands and knees; but, owing to the hæmorrhage, was afterwards placed in the lithotomy position.

27th.—Slept pretty well; slight escape.

28th.—The purulent discharge is beginning to appear. The catheter to be taken out twice a day. Eight ounces of wine, with generous diet.

June 1st.—Progressing favourably, but suffers from great weakness.

3rd.—Feverish and uneasy; the bowels not acted since the operation. To have half an ounce of castor oil and an enema.

4th.—Bowels acted freely; more comfortable.

6th.—Clamps removed. The fistula appears healed, except a portion which could not be brought together, owing to the hæmorrhage during the operation. Bladder very irritable.

From this time she got rapidly weaker, and, although never complaining, she died on June 13th, apparently worn out. The system never rallied under any quantity of stimulants and generous diet.

Post-mortem examination.—The lungs and heart were found pretty healthy; the aorta slightly cartilaginous; the right kidney was about the size of a pigeon's egg, whilst the left was three times its normal bulk, and must for some time have been the only one secreting urine; the liver soft and friable. The whole body was very bloodless. The parts which had been operated upon were unhealthy, and inclined to slough.

A more minute examination made of the parts by Mr. Nunn, showed "the bladder to be atrophied, the walls not thicker than parchment. The vesico-vaginal orifice reached from within half an inch of the neck of the bladder to the orifice of the ureters—that is, the whole of the base of the bladder was wanting. One kidney was converted into a cyst, no doubt from the obstruction of the ureter, which must have been of long standing, as such change could not have occurred except very slowly. The other kidney was hypertrophied. The upper part of the vagina was a good deal inflamed."

CASE 27.—*Vesico-Vaginal Fistula; three years' duration; operation; cure.*—S. B——, from Hadlow, near Tunbridge, was admitted into "The London Home" on the 7th of Nov. She was twenty-nine years of age; mother of four children. The first three labours were very good. She was taken in labour with her fourth child at four A.M., and at half-past nine instruments were applied. They were persistently used until four P.M., when the child (a large male) was born. She had not passed her urine from the time her labour set in until its termination, neither had it been drawn off. The same evening she perceived it escaping involuntarily. It was imputed to weakness, and she was told that as her strength returned so also would the control over the bladder. This was three years ago; and since then she has not been able to retain her urine in any position. She has been operated upon in the country, and also frequently canterized, but all without any benefit.

An examination showed a fistulous opening into the bladder, which would easily admit the forefinger, and was situated close to the os uteri. The edges were soft, and the mucous coat of the bladder was not much prolapsed.

Nov. 10th.—She was placed under the influence of chloroform, and in the lithotomy position, and the new operation was performed. It required seven sutures, three of which were passed through the anterior lip of the os uteri. Each suture was closed down by the bar clamp. The operation only lasted forty minutes, although each step was performed very slowly, in order that it might be explained to several gentlemen who were present. She went on very well with no escape of urine; and, on Nov. 20th, the clamps were removed, and the whole fistula was well and firmly healed.

24th.—She has perfect control over her bladder, and can easily hold half a pint of urine for three or four hours.

Remarks.—The several gentlemen who were present at this operation expressed themselves highly pleased with the rapidity of its performance, and at the great advantages of the bar clamp.

I now propose to speak—

I. Of the position of the patient during the operation.
II. Of the various modes of operating.
III. Of the causes of the lesion.
IV. Of the causes of the failure.
V. Of the after-treatment.

I. *Of the position of the patient during the operation.*—Three positions have been recommended: on the hands and knees, as advised by Dr. Bozeman; in the semi-prone position, as suggested by Simms; in the lithotomy position, as recommended by myself. I am still of opinion that this latter position is the best, both for the patient whilst under the influence of chloroform, and for the surgeon, who can sit down quietly before the patient during the operation; whereas on the hands and knees the patient cannot take chloroform, and the surgeon must stand in a very awkward posture during a long and tedious operation, which becomes exceedingly fatiguing. Of the semi-prone position I have had no experience, nor have I yet seen the necessity for its adoption. It must still be recollected that, whilst advocating the lithotomy position, there will be found some cases where, from peculiarity of the position of the lesion or of the female organs themselves, it may be advisable not to administer chloroform, and where the opening can be better seen and reached on the hands and knees than in the lithotomy position.

II. *The modes of operating.*—Four classes or modes may be mentioned: (*a*) by simple suture, as recommended by Hayward; (*b*) by metallic sutures, as practised by Gossett in 1834, and more fully placed before the profession by Simms of New York; (*c*) metallic sutures guarded by clamps, as recommended by Simms, or by button, as suggested by Bozeman; (*d*) a plan which I now desire to recommend, namely, metallic sutures with a separate bar clamp to each suture. The suture may be either of silver wire or galvanized iron wire, as prepared by Cocker Brothers, of Sheffield, under the direction and suggestions of my friend Dr. Aveling. The first three plans have been fully elaborated by the gentlemen whom I have mentioned, and do not require any further observations here; I will therefore only dwell, and that briefly, on the fourth plan.

Having placed the patient in the lithotomy position, I commence paring the edges of the opening, using for this purpose the three knives represented in Fig. 1. As there has been

FIG. 1.

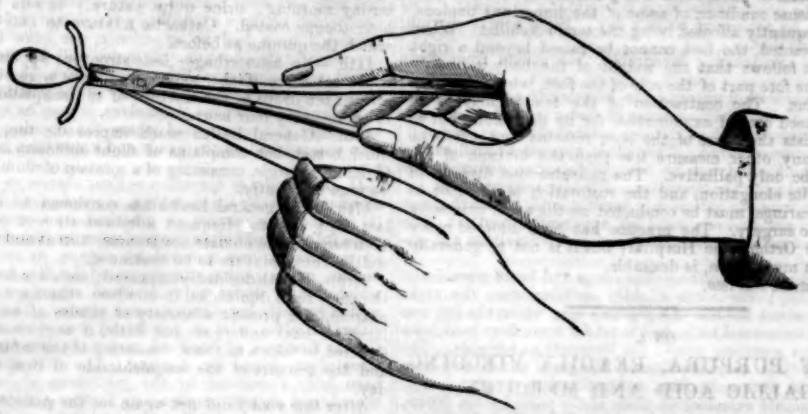
some misapprehension about my claim as the originator of these knives, I may here state that they were designed by myself without communication with any person whatever, and publicly used and recommended long before my friend Dr. Bozeman came to this country. During one of the many discussions he and I had upon plastic surgery, I showed him these knives, as affording great facilities for denuding the edges of the fistula; when he, in his own quiet manner, opened his instrument case and took out three knives precisely similar to mine, which were made in Montgomery (U.S.) from his own designs and under his own immediate eye. It will be thus seen that we both felt the necessity for, and had made, the same kind of instruments, without communication with each other.

The edges being pared, I now pass the needle as practised by Simpson, and then through it either the silver or galvanised iron suture. Having thus passed as many sutures as may be necessary, I take the two ends of the first suture, and pass them through the eyelet-hole of the simple bar clamp (Fig. 2),

FIG. 2.

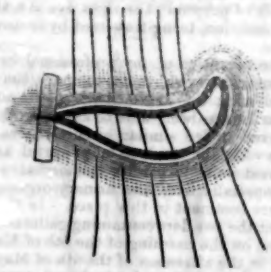
which, it will be seen, is slightly curved, and having a nipple projecting from its back. I then hold the two ends of the wire with my left hand, and seizing the nipple of the clamp with a pair of long forceps, pass it back until I see the edges of the fistula are in perfect contact. I then firmly squeeze the nipple (Fig. 3). This has the effect of partially straightening

FIG. 3.



the clamp and securing the wires (Fig. 4). Each suture is

FIG. 4.



treated in the same way, until all are closed.

The advantages of this plan are manifold:—

1. Its celerity as compared with others.

2. The certainty that the edges are in perfect apposition all along the fistula.

3. That, however irregular the opening, you can follow its tortuosity without the slightest difficulty.

4. Should the opening be very large, the edges are kept perfectly together, whilst the vagina is not stretched out, as it would be under the large button. Each suture is also well guarded by the clamp, and there is no trouble in removing them. Simply the anterior side of each suture is cut, under the clamp, and then this, being seized by a pair of forceps, and slight traction made upon it, is easily withdrawn.

By this mode of operating, I have succeeded in completing the operation, in slight cases, within a quarter of an hour, and within three quarters of an hour in the worst cases. Formerly, such cases took two or three hours; and I have heard Bozeman and Simpson say even a much longer time.

III. *The causes of the lesion.*—I here repeat that, in almost every case, this lesion has taken place from very protracted labour; and I cannot too strongly urge upon the profession to abolish the practice of waiting days and nights with the head pressing upon the bladder and soft parts generally.

IV. *Causes of failure after the operation.*—It may arise from not carefully denuding the edges; from not introducing the needle deep enough through the tissues; from not being sufficiently careful in bringing together the edges of the fistula; from neglect in the position of the patient afterwards (this position should be upon the side); from neglecting to keep the bladder empty, either by the catheter being left in the bladder, or by its very frequent use. Occasionally the general health may be so much impaired as to predispose the patient to pyæmia, or to prevent healthy plastic matter being thrown out sufficiently soon to ensure union. It is necessary, therefore, to attend to the general health of the patient before operating. Another not unfrequent cause of failure arises from a certain indurated condition of the parts, which is induced by frequent operations, especially cauterization. The parts become almost cartilaginous, and are unable to throw out plastic matter. Such a case has come under my notice, where three fistulæ existed; two of these were easily cured, but the third has defied all attempts at present from this cause.

V. *The after-treatment.*—On the free use of opium and generous diet, and strict attention to the bladder, depend the success of the operation, however well performed in the first instance.

Connaught-square, November, 1859.

ON THE TREATMENT OF CORNS ON THE SOLE OF THE FOOT.

BY HOLMES COOTE, ESQ., F.R.C.S.,

ASSISTANT-SURGEON TO ST. BARTHOLOMEW'S AND TO THE ROYAL ORTHOPÆDIC HOSPITALS.

I HAVE lately had under my care some cases illustrating the nature of this painful affection and its treatment. It may be necessary to remark that corns are technically termed "clavi," from a fancied resemblance to the head of a nail; but most persons know that they consist of thickened epithelium or cuticle, and that a small bursa is sometimes found between them and the subjacent parts. They proceed entirely from undue pressure; hence they appear on whatever parts of the feet a pair of badly-fitting boots or shoes press unequally and unpleasantly. The remedy is simple, and consists in the person so affected wearing boots with a sole as wide as the sole of the foot, of ample length, square at the toes, and with the upper leather soft and moderately loose. But this advice is rarely followed, fashion exerting a more powerful influence than good sense.

There is, however, a form of corn which is found on the sole of the foot, the pain attending which is so great that patients are at times unable either to walk or stand. Mr. Erichsen notices it in his work on Surgery. "It is usually of small size and round in shape, the neighbouring cuticle being always greatly thickened and hardened. It is extremely sensitive to the touch, the patient shrinking when it is pressed upon, as if an exposed nerve had been injured. On slicing it down with a scalpel, it will be found to be composed of soft, tough, and white epidermis, arranged in tufts or small columns, in the centre of each of which a minute black dot is perceptible. Each tuft appears to be an elongated and thickened papilla, and the black speck is a small point of coagulated blood which has been effused into it. Around the depressions in which each of these corns is seated, the hardened cuticle forms a kind of wall."—p. 439.

I have known ulceration to occur in this morbid structure, when a deep and foul sore, excessively sensitive, is formed. It may be healed by rest, but it recurs when the patient resumes the usual habits.

Now the cause of these corns will generally be found to proceed from a tense condition of some of the important tendons, that most frequently affected being the tendo-Achillis. When it is so contracted, the foot cannot be raised beyond a right angle; and it follows that the weight of the body is unduly thrown on the fore part of the sole of the foot, where the corn speedily forms. The contraction of the tendon may be so slight as to need careful examination for its detection; but so long as it exists the cause of the corn remains, and it will be found that any other measure less than the division of the tendon will be only palliative. The subcutaneous division of the tendon, its elongation, and the restoration of the foot to its normal bearings, must be conducted on the usual principles of orthopædic surgery. The practice has been adopted many years at the Orthopædic Hospital; but it is not so generally known as, in my opinion, is desirable.

New Bridge-street, Dec. 1859.

ON A

CASE OF PURPURA, READILY YIELDING TO GALLIC ACID AND MERCURY.

By W. WHALLEY, Esq., M.R.C.S., Yorkshire.

On the 4th of May, 1859, I was hastily summoned to attend a patient suffering from purpura. The following is a correct report of the case:—

Elizabeth W——, aged twenty-four years; single. She is rather tall, and of sanguine temperament. Has worked at a factory as a weaver for eleven years, and has enjoyed robust health the whole of that time. She cannot recollect ever having suffered from any disease, except on one occasion from tic. She has always had good and sufficient food, and rarely passed a day without eating vegetables at dinner. She states that nearly the whole of the blood-spots came out on the night of the 30th of April, 1859.

Present state (May 4th.)—The conjunctiva of the right eye appears like a bright-red, membranous-looking bag, from the presence of extravasated blood, similar morbid changes having occurred at the inner part of the left eye; they combine in imparting to the countenance an expression of anxiety, somewhat hideous to look upon. Round livid and purple spots are seen on the trunk, thighs, legs, and back of the hands, but more particularly on the breast and arms, which are thickly studded with irregular blotches of ecchymoses, of various sizes. On looking into the mouth, blood is seen oozing from numerous livid spots on the mucous membrane lining the interior of that cavity and the fauces; it has continued to ooze from the mouth without intermission since the 1st of May. The patient states that nearly a cupful of blood has drained from her mouth during the past night. Tongue coated and moist; breath fœtid; skin hot and perspiring; the functions of the respiratory organs healthy; pulse frequent and compressible; bowels costive; urine loaded with blood; catamenia have appeared regularly; has no pain, but complains of languor and depression of spirits. Ordered, a cathartic mixture, chiefly consisting of a solution of sulphate of magnesia, to be given in ounce doses every two hours until the bowels are freely acted upon.

5th.—Morning: The bowels have been moved several times during the night; the tongue somewhat cleaner; skin feels more natural; the hæmorrhage from the mouth unabated; urine still loaded with blood; the extravasation has made considerable encroachment on the left eye during the past night. Prescribed a powder, consisting of the chloride of mercury and gallic acid, of each three grains every four hours; also one grain of the sulphate of quinine in solution every four hours; diet to consist of beef-tea, light broth, and farinaceous food.

6th.—Evening: Hæmorrhage from the mouth considerably diminished and very pale; urine almost colourless, and contains but very slight traces of hæmorrhage; extravasation into the left eye has ceased; no more spots have appeared since last night; tongue continues furred and moist; breath still fœtid; bowels costive; skin hot; pulse frequent, but feeble. Ordered, the cathartic mixture as before, after which a powder, consisting of the chloride of mercury and gallic acid, of each two grains, to be taken every four hours; diet as before.

7th.—The hæmorrhage has entirely ceased. Symptoms of incipient ptyalism are apparent. The powders to be discontinued; the quinine and diet to be continued as before.

9th.—No hæmorrhage since last visit, with the exception of a small amount which was observed in one of the motions yesterday morning; urine quite natural; bowels costive; skin hot; tongue coated. Cathartic mixture to be repeated, after which the quinine as before.

11th.—No hæmorrhage; feels stronger; appetite improved; could eat more if the tongue and gums were not sore. Prescribed ten drops of the tincture of the sesquichloride of iron in water every four hours.

13th.—General health much improved; tongue and gums much better, but complains of slight difficulty of deglutition. Ordered, a gargle, consisting of a solution of alum and borax, to be used frequently.

17th.—The general health has continued to improve since last visit, but the frequent administration of purgatives has been requisite to obviate costiveness; throat and mouth almost well. Tonic mixture to be continued.

23rd.—Health decidedly improved; assists in household work; the spots have diminished in number; others are rapidly disappearing, and present a variety of shades of colour; the conjunctivæ have undergone but little, if any, change in colour. Ordered to take a mixture, consisting of the infusion of quassia and the tincture of the sesquichloride of iron, three times a day.

After this visit I did not again see the patient until the 3rd of September, when she called at my house, and informed me that after spending a few weeks with her friends, she resumed her work, and that at present her health is as good as it was before the attack of purpura; the right eye is scarcely restored to its original condition, being traversed by numerous lines of a pale-yellow hue.

In calling the attention of my professional brethren to this case, I more especially wish them to mark the happy results that supervened upon the exhibition of gallic acid—a remedy which, so far as I have been able to ascertain, has not before been administered under similar circumstances. The therapeutical effects of gallic acid, as a powerful astringent, and a remedy of great value in passive hæmorrhages from mucous surfaces, and especially from the urinary organs, are too well known to require comment in this place. In the above case it will be seen that the powders containing gallic acid and calomel were commenced on the morning of the 5th of May. On visiting the patient in the afternoon of the 6th of May she informed me that in a few hours after she had commenced taking the powders, the bleeding from her mouth and kidneys began to diminish, and was much paler in colour; and it is from this time she dates her amendment.

Oxenhope, near Keighley, Nov. 1859.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam allorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

KING'S COLLEGE HOSPITAL.

MEDULLARY TUMOUR SPRINGING FROM THE FIBULA; AMPUTATION AT THE KNEE-JOINT; FATAL RESULT.

(Under the care of Mr. FERGUSSON.)

Whilst some attention has of late years been paid to the subject of excision of diseased knee-joints, as a more favourable proceeding than amputation of the limb higher up, another suitable operation in which this important articulation is to be considered has been somewhat overlooked, although it has been noticed by a few of our metropolitan surgeons: we allude to amputation of the leg *at* or *through* the knee, in place of removal above the joint. In the introduction of any new

operative measure, the great question is, whether its rate of success is such as, *cæteris paribus*, warrants its performance in preference to any of the older and well-recognised operations? This can be readily answered in the affirmative, for in nearly all the cases in which the leg has been thus removed the patients have recovered, with stumps of the most useful and serviceable kind,—much better adapted, indeed, to support the weight of the body, by proper appliances, than when the stump exists in the thigh itself. The only matter for consideration is the manner in which the operation is to be performed; and before dwelling upon that important point, we would request our readers to refer back to the cases recorded in previous "Mirrors" in which this proceeding has been adopted. In December, 1856, Mr. Fergusson resorted to it successfully in the case of a boy, in King's College Hospital (THE LANCET, vol. i., 1857, p. 215); and again in March, 1858, upon a man twenty years of age, also with success (ibid., vol. i., 1858, p. 411). At the Westminster Hospital, it was performed by Mr. Holthouse on a man aged sixty, suffering from a compound fracture of the leg; this patient died from gangrene, which had commenced in the limb before the operation (ibid., vol. i., 1859, p. 387). Also by Mr. Lane, at St. Mary's Hospital, on a man of thirty-eight (ibid., p. 440); and some observations by the latter gentleman upon the statistics of the operation appear at p. 474 of the second volume of this journal for 1857. The procedure in question has also been adopted, on several occasions, at St. Mary's, and other London hospitals; and the success attending it has been remarkably great up to the present time. To-day we place upon record two additional cases, in both of which it was attempted in medullary disease of the leg. At present we refrain from going into the history of amputation *at* the knee, but shall confine ourselves to the manner of performing it.

It was customary at one period to make a large posterior flap from the fleshy part of the gastrocnemius, and to saw off a slice of the inferior surface of the condyles; and although in some cases the stump healed kindly, and was a good one, as the operation came to be repeated, it was deemed preferable to dispense with the large posterior flap, and also to leave the femur untouched. Mr. Lane, of St. Mary's, makes a large anterior cutaneous flap in front of the joint right down to the insertion of the ligamentum patellæ, which is then reflected upwards, the knife being carried through the joint. A small posterior flap is then made, so that in the process of healing it shall draw the anterior flap over the articular surface. The patella is retained, and forms a round and smooth surface to rest upon, as in the flexed knee, the skin being likewise movable over it, as in the healthy joint. The advantages of this method of performing the operation we have already adverted to.

In the subject of the following case, the notes of which were kindly furnished by Mr. Francis Mason, house-surgeon to the hospital, Mr. Fergusson made flaps of equal length, which met below the condyles, the patella being removed, and none of the articular surface being taken away. However favourable the case seemed to be, we regret to say it ended badly, owing, no doubt to the irritable condition of the man's nervous system, induced by anxiety and restlessness. Non-success in this instance, however, cannot detract from the merits of this special form of amputation.

A man, aged forty-eight, was admitted, in October last, with a large tumour on the right leg. It appears that he had disease of the fibula for two years, and about eight months ago he was a patient in the hospital, when a circumscribed growth, as large as a fist, was present over the fibula, and was not then thought to be malignant. Mr. Fergusson, at that time, proposed the removal of the fibula itself, with the tumour, which appeared to involve the whole thickness of the bone; but the patient would not consent, and he left the hospital. For the last year the man has been very anxious to have something done, but he was very undecided. Lately he showed himself, with the tumour enormously increased in size, fully as large as an adult's head, and involving all the surrounding tissues, both in the front and back part of the leg, so much so that it became impossible to relieve him of it by any partial operation. The tibia still appeared to be healthy, yet the nature of the swelling was somewhat doubtful from its extreme hardness, as the muscles and aponeuroses were stretched over it, giving it the feel of an osteo-sarcomatous growth. The rapidity of its enlargement, however, seemed to show its malignant character, and there was no pain. The inguinal glands were slightly enlarged. Amputation was consented to; and, on the 15th of October, the leg was removed at the knee-joint, the man being fully under the influence of chloroform; and not an ounce of blood was lost.

In some observations made after the operation, Mr. Fergusson remarked, that this was a case in which it was necessary to remove the whole of the leg. Amputation at the lower third of the thigh would have been the usual operative proceeding; but he thought he would resort to one less formidable —namely, amputation *at* the knee-joint. In his early operations, he removed the leg at the knee, and then took away a slice from the condyles of the femur; and hitherto the posterior flap had been made from the calf of the leg. Some surgeons, he said, have made a long anterior flap from the skin alone to cover the ends of the bone. This he considered somewhat opposed to the usual rules of surgery; yet in all this, there is a certain amount of novelty which ought to be investigated by the profession at large. He has had occasion, during the last fifteen years, to admire the stumps made *at* the knee in preference to those in the thigh; and referred to the case of a man, having a stump of this kind, who walked ninety miles in three days without inconvenience.

In making his flaps, Mr. Fergusson found the anterior one to be rather short, and the posterior one somewhat retracted. This was owing to the presence of the patella, which he considered to be drawn upwards. It was, therefore, removed, and the flaps were well brought together beneath the articulating surface of the femur, none of the bone being removed.

The patient went on well immediately after the operation. The wound, however, soon fell into an ashy condition, and subsequently a fatal result ensued, which may have been much influenced by the constant mental anxiety evinced by the patient for many months before the operation. The tumour was found to be medullary cancer, springing from the shaft of the fibula.

ST. MARY'S HOSPITAL.

MEDULLARY TUMOUR SPRINGING FROM THE TIBIA; AMPUTATION AT THE KNEE-JOINT; RECOVERY; STUMP SOUND AFTER TWELVE MONTHS.

(Under the care of Mr. COULSON.)

MEDULLARY or encephaloid tumours, arising from the periosteal surface of bones, grow rapidly beyond therapeutic or surgical control. When they are seated on the long bones, or on any of the limbs, the only expedient which promises success is the early and complete removal of the part diseased, and this only if the constitution be not already affected. In the subjoined case of encephaloid disease of the tibia, (a brief notice of which will be found in THE LANCET, vol. ii. 1858, p. 605,) Mr. Coulson, under whose care the patient came at this hospital in July, 1858, resorted to amputation *at* the knee-joint, instead of amputating in the continuity of the bone immediately above the tumour. Moreover, the constitution of the patient was apparently not greatly injured, and thus two chances were afforded of a successful result, and the probabilities of the recurrence of encephaloid disease, either in neighbouring parts or in some internal organ, were lessened. At the end of twelve months the patient is still free from symptoms of any return. Medullary cancer is the cancer of the young, and its fertility of reproduction always gives ground to fear early recurrence. Of course this chance is greatly favoured by "amputations in the continuity" of the bone affected, since the portion of the bone which is left is extremely liable to be imperceptibly infected, and to contain already the seeds of disease, although apparently sound.

S. E——, aged eighteen, single, dressmaker, a female of pale and somewhat worn aspect, was admitted into the Beverley ward of St. Mary's Hospital, under the care of Mr. Coulson, on the 22nd of July, 1858, with a tumour of the right leg. The swelling extended around the whole circumference of the lower part of the limb, but was evidently seated especially on the tibia. The tumour was yielding and elastic, affording a delusive sensation of fluctuation, causing little or no pain. It was the growth of many months, first arising over the malleolus as a painless, hard swelling, and gradually increasing in size, producing so little inconvenience and exciting so little alarm that she waited many months before seeking advice. Poultices and emollient applications had been employed before coming under the care of Mr. Coulson. The latter growth of the tumour had been more rapid, and although itself painless, it was the cause of considerable neurotic pain, referred to the dorsal and plantar surfaces of the foot.

Mr. Coulson decided to remove the leg at the knee-joint.

The femoral artery being compressed, he made a semilunar incision, commencing at the outer condyle of the femur, and passing to the inner condyle, going about two inches and a half lower than the head of the tibia. He then proceeded to dissect up the flap, and, dividing the ligamentum patellæ, left the patella and opened the joint. He then made the posterior flap by introducing the knife behind the tibia, and bringing it out about three inches from the head of the bone. The flaps were brought together by seven or eight points of suture, and water-dressing applied. The wound healed kindly by granulation, and a good stump resulted. The patient was discharged forty-four days after the operation. Twelve months after the amputation, her health remains good and the stump sound.

CLINICAL RECORDS.

TRUNCATION OF THE UVULA.

IN hospital practice, elongation of the uvula is perhaps most commonly observed in relaxation of the throat, co-existing with chronic chest affections, pulmonary phthisis for example, although it occurs in many other diseases. It is not surprising that the consequences of this inconvenience should be sometimes of a most aggravated character, particularly when the uvula is so long as to permit of its point entering between the lips of the glottis. Besides a more or less constant tickling at the back of the throat, and a desire to expectorate, this affection causes sickness and vomiting.

We have watched a man, thirty-nine years of age, in Luke ward, St. Bartholomew's Hospital, under Dr. Farre's care, with phthisis and a cavity in the upper lobe of his left lung. His cough was much aggravated by the state of his uvula, which produced nausea and vomiting. The uvula was ordered to be truncated; but as only one-fourth of an inch was removed, little relief was experienced. Another operation was much more effectual, for it relieved the man from his most distressing symptoms, and he then improved sufficiently to be discharged on the 28th November, at his own request.

A second patient in the same ward, a man aged thirty-nine, admitted Nov. 24th, for bronchitis and emphysema, is also troubled with an elongated uvula, which has likewise been truncated. The time which has elapsed is too short to determine the benefits arising from the operation; but there is no doubt they will be considerable.

FALL FROM A HEIGHT OF FORTY FEET THROUGH A SKYLIGHT, WITHOUT SERIOUS INJURY.

ON many occasions we have given illustrations in our "Clinical Records" of the immunity from serious injury of persons who have fallen from great heights. We have now to add another example of the kind, which was kindly shown to us by Mr. Canton, in a man thirty-five years of age, a patient in the Charing-cross Hospital. It appears that this man was sleeping in the upper story of some house (not his regular residence) on the evening of the 8th of October last. He was intemperate, and on this occasion was especially under the influence of drink. He awoke between three and four o'clock in the morning, and, being seized with some imaginary fear, jumped out of the window of his bed-room, at the back of the house, and fell through a thick green glass skylight, alighting in the midst of heaps of packets of envelopes belonging to a stationer, in whose back premises they were contained. The height by measurement was found to be forty feet. He was stunned by the fall, came to after a short time, but was subsequently light-headed for a few hours. The only bodily lesion sustained was a wound of the scalp, three inches long, over the left parietal bone, below its protuberance; this had nearly healed when we examined him on the 21st of October.

It is probable that the patient fell feet foremost through the skylight, and that, on passing through the casement, the side of the head got torn by encountering a piece of the projecting glass. The remainder of the fall was broken by the envelopes.

PERSONAL APPEARANCE IMPROVED BY OPERATION.

A GIRL, who had been the subject of hare-lip on the right side with a broad fissure, and also a split palate, was submitted to a series of operations, until both were closed, by Mr. Pollock at St. George's Hospital. Her recovery was good, and the result, on the whole, satisfactory. The right nostril, however, was a little flattened, and the lip did not look very sightly, as the gap had been very wide when she was operated upon. She, therefore, returned to the hospital, with a distinct request that another attempt might be made to improve her personal appearance, and render her face somewhat less repulsive. This was consented to, and on the 27th October Mr. Pollock removed the old cicatrix, and, by the aid of pins, brought the edges of the wound in contact, with the effect of completely obviating the deformity in the nostril and lip, and thus accomplishing what the girl so much desired. The quantity of skin removed did not exceed that of the cicatricial tissue, but it was found sufficient for the purpose. The wound readily healed, and the pins were taken away at the end of twenty-four hours.

In the same hospital we were shown another case of fissure of the palate, which Mr. Prescott Hewett had endeavoured to close two months before, in a female twenty-four years of age. There was palsy of the soft palate, causing the stitches to slough out; but, curiously enough, the edges of the fissure united by suppuration, and it has become almost entirely closed, with the exception of an opening as large as a pea at its posterior third. The voice is still the same as if no operation had been performed; but this, it is presumed, will be remedied bye-and-bye. The opening is slowly contracting in size, and will probably heal up without any further operative proceeding.

SUPPURATION OVER THE TROCHANTERS.

VERY slight causes would seem sometimes to give rise to the formation of matter. A girl, seventeen years old, of delicate aspect, was discharged from the Royal Free Hospital, on Sept. 28th, after complete recovery from the effects of a large abscess which had formed over the left trochanter, for which she had been admitted on the 1st of September, under the care of Mr. Cooke. Its origin was attributed to sleeping upon a rough iron bedstead, some portion of which must have come into contact with the hip. An opening was made at its most depending part, a little below and posterior to the trochanter, and nearly half a pint of matter was evacuated. She had some amount of hectic fever, which persisted until a great deal of cheesy-looking substance was let out, when the reparative process commenced, and continued until she was convalescent and cured. The constitutional sympathy was, at one time, so strong as almost to lead to the belief that the hip-joint was becoming involved.

A case, offering a marked contrast to the foregoing, is at the present time in the Westminster Hospital, under Mr. Brooke's care. The patient is a lad seventeen years of age, and was admitted on the 27th of September, with a prominent tumefaction, situated over the right hip, of two months' duration, and arising spontaneously. This was opened by Mr. Hillman (who was attending Mr. Brooke's patients), and a quantity of matter let us. Subsequently, a portion of the skin sloughed, and now the parts look like the remains of strumous disease, undermining the skin around. The mischief is, however, entirely superficial, as in Mr. Cooke's patient, and a recovery is looked for. Mr. Hillman believes the abscess to be the result of inflammation of a large bursa, more especially as the skin is undermined.

UNEQUAL LENGTH OF THE LOWER EXTREMITIES.

THE curious fact of the elongation of a limb, or of a finger, beyond that of its fellow, is one of much physiological interest. It is a process which, although abnormal, cannot be pronounced strictly pathological; for we meet with such conditions, especially in the fingers, amongst the most healthy. In many of our hospital museums are to be seen examples of the hand, with the middle and its neighbouring finger, not only elongated some three inches beyond the others, but hypertrophied in proportion to their length. There are two patients in the Middlesex Hospital, at the present time, with this peculiarity, but differing from the ordinary cases, in that the elongation is coincident with disease. Thus there is a female, in the Cancer ward, whose hand is affected with cancer, and since the outbreak of the disease the finger nearest to it, and perhaps engaged in the morbid process, has grown considerably in length. The other example is still more extraordinary, and occurs in a lad, sixteen years old, whose left leg is affected with superficial necrosis of the shaft of the tibia, of many months' duration. Since the appearance of the disease in his left leg, the shafts of both bones entering into its formation have become elongated,

so that it is now three inches longer than the right. This was determined by measurement when he was submitted to operative measures, on the 2nd of November, by Mr. de Morgan, for the purpose of getting rid of the necrosed portions f bone. It must be stated that the proportions of the sound leg are normal, and its growth has not, in any way, been arrested. On the other hand, a glance at the affected limb shows that it is uncommonly long for a lad of the age of this patient.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, NOV. 28TH, 1859.

MR. HILTON, F.R.S., PRESIDENT.

MR. I. BAKER BROWN read a paper

ON VESICO-VAGINAL FISTULA,

which will be found at page 581.

Dr. HALL DAVIS, having been a lecturer on midwifery for many years, and having been obliged to speak of the incurability of these lesions, had, during the past two or three years, been extremely gratified in witnessing, both at St. Mary's Hospital and at the "London Home," Mr. Brown's great success in the operations for their cure. He (Dr. Davis) was convinced that the new plan, as practised lately by Mr. Brown, was the best yet adopted.

Mr. MAUNDER inquired if subsequent labours were likely to reopen the fistula?

Dr. ROGERS was pleased at the simplicity of the plan now recommended by Mr. Brown, and bore testimony to the great success which he had seen in his operations for this distressing lesion. He (Dr. Rogers) had seen two cases where subsequent labour produced no ill result.

Mr. T. BRYANT advocated the semi-prone position. He had found difficulty in passing the grooved needle through the lip of the os uteri. He inquired how long Mr. Brown kept on the clamp, and how he brought down the os uteri when the fistula was close up into that organ? He should certainly try the bar clamp now recommended.

Dr. ROUTH inquired how Mr. Brown managed when the edges were far apart, and from contractions of the vagina could not be kept together; and whether Mr. Brown freely divided the contracted vagina, and used sponge tents afterwards?

Dr. GIBB bore testimony to the success of the operation as practised by Mr. Brown at St. Mary's Hospital, and dwelt on the great advancement in surgical knowledge which had taken place during the past ten years in all operations connected with the female genital organs.

Mr. BROWN, in reply, thanked all those Fellows who had so kindly expressed their approval of his operation. He did not think there was any fear from a subsequent labour, and only in one instance had he recommended the induction of premature labour, and there the pelvis was not of normal size. He kept the clamps on nine or ten days. He brought down the os uteri by a pair of long vulsellum forceps. All bands of cicatrization of the vagina he always freely divided, and plugged it afterwards with sponge tents made with oil silk, so as completely to distend that canal, and relieve all tightness of the fistula. Without this preliminary step no success could be expected.

PATHOLOGICAL SOCIETY OF LONDON.

MR. FERGUSSON, PRESIDENT.

DR. WILKS presented a specimen of

TUBERCULAR DISEASE OF THE BLADDER AND URETHRA.

A man, about thirty years of age, and who had been ailing for some considerable time, first presented himself as a patient at Guy's Hospital with perineal abscess; this was opened, leaving a fistula. He subsequently came under the care of the physician, and died of phthisis. Besides disorganization of the lungs and tuberculous disease elsewhere, one kidney was found quite destroyed by the same affection, and this continued down the ureter to the bladder. The latter had the vesiculæ seminales enlarged by scrofulous deposit, and internally the mucous membrane was covered with tubercles, which in the trigone formed an ulcerated surface; the same continued over the interior of the prostate and down the urethra as far as the middle of the spongy portion. In the membranous part of the canal an ulceration had occurred, giving rise to the perineal abscess. He (Dr. Wilks) believed that this tuberculous affection of the bladder and urethra was never a primary disorder, but always, as in the present case, the result of the same disease elsewhere, and generally from the continuation downwards from the kidney by the ureter. The affection was thus analogous to the tuberculous disease of the uterus, which, in like manner, is secondary, and forms only a part of a more general tuberculosis of the abdomen, the disease in this case being propagated from the Fallopian tubes to the cavity of the uterus, or which, indeed, would be more strictly analogous to the case which he had witnessed where a tuberculous disease of the testis had been propagated along the vas deferens to the inner surface of the prostate; and thus the tuberculous affections of the prostate and uterus may take their place together, as the other diseases of these organs. Although it thus appeared that the tuberculous affections of the bladder are not primary conditions, yet they have some practical interest, seeing that in this case the man first put himself under treatment for a perineal abscess; and in another case, which he (Dr. Wilks) related, an extravasation of urine had occurred from a similar disease of the urethra.

Mr. CHRISTOPHER HEATH showed

A CYST SIMULATING A FEMORAL HERNIA,

removed from a woman, aged seventy, who suffered for some days from constipation, vomiting, and pain in the abdomen, complicated by the presence of an apparently strangulated femoral hernia of small size in the left groin. An operation being considered necessary, the sac was exposed, and the stricture divided without opening the sac; but the symptoms continued, and the patient died. On examination, evidences of enteritis were found, but no hernia, the tumour having consisted of a cyst shut off from the peritoneum, and containing appendices epiploicæ derived from the large intestine, which passed into the pelvis in close proximity to the femoral ring, instead of in its usual position at the side of the sacrum.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, NOV. 18TH, 1859.

DR. FINCHAM, V.P., IN THE CHAIR.

ON A CASE OF ANGINA PECTORIS, WITH OSSIFICATION OF THE ANTERIOR CORONARY ARTERY.

The history, treatment, and fatal termination of this interesting case were first detailed at length, and the post-mortem appearances were then given in full, accompanied with remarks upon their import. The principal points were as follows:—A gentleman, aged fifty-seven, of a robust frame and apparently in good health, had suffered for some time from difficulty of breathing on walking quickly. In January last he was suddenly attacked with pain beneath the left clavicle, accompanied with dyspnœa, great anxiety, a disposition to faint, and paleness of countenance. He recovered after stimulants had been administered, and mustard poultices applied to his chest. A succeeding paroxysm of greater severity followed in two or three hours, which was also successfully treated. The author was called to his patient again in September, when the same and other remedies were ineffectual. A post-mortem examination revealed an ossified condition of the anterior coronary artery, obstructing it almost two-thirds down. The cavities of the heart were greatly dilated, the walls much enlarged, and the muscular portion of its valves was thickened. There was steatomatous and bony deposit under the lining membrane of the aorta.

Dr. ANSTIE exhibited a specimen of

TUBERCULOUS ULCERATION OF THE LARYNX AND TRACHEA.

It was taken from a patient who entered the Westminster Hospital with symptoms of phthisis, accompanied with loss of voice, difficulty of deglutition, and other symptoms of ulceration of the larynx. She died about seven weeks after admission. The history of the case was remarkable from her having been attacked only eight months previously with the throat symptoms, no suspicion of chest disease being then entertained. The post-mortem examination discovered extensive deposit of miliary tubercles in the lungs, and ulceration of the larynx and trachea. The vocal cord of the left side was found com-

pletely destroyed, and the thyroid and arytenoid cartilages laid bare. The trachea for two inches and a half below the larynx had patches of ulceration exposing the tracheal cartilage. The epiglottis was unaffected.

Mr. T. DICKINSON showed a specimen of

PERFORATING ULCER OF THE STOMACH.

It occupied the anterior surface near the lesser curvature. The man had been ill twenty-four hours, but was not seen until after death. There had been no vomiting, and comparatively little pain.

Mr. PRESCOTT HEWETT then related three cases which had come under his notice within a fortnight, of children who presented themselves with a discharge from the nostrils, in which foreign bodies were found impacted. In one a long screw, in another a button, and in the third some wood shavings, were extracted. The symptoms in one case had existed three years, and in all they had been treated for ozena.

At a previous meeting (Mr. A. B. Barnes, President, in the chair), Dr. FULLER read a paper

ON CERTAIN POINTS CONNECTED WITH THE TREATMENT OF RENAL ANASARCA.

The points the author selected were—first, the cause of the epileptiform seizures, and other head symptoms, which arise during the progress of renal disease, together with the best mode of obviating them; secondly, the propriety of employing ferruginous preparations and renal stimulants in certain stages and in certain forms of renal disorders. Dr. Fuller observed in regard to the first point that, although the head symptoms are commonly supposed to be due to the non-excretion of urea by the kidneys, and its consequent accumulation in the blood, many facts conduce to the belief that the mere existence of urea in the blood is quite inadequate to their production. Amongst the facts cited in proof of this position may be mentioned the frequency of head symptoms in cases of acute renal mischief, attended during life by extremely albuminous and even bloody urine, and determined after death by the large, smooth, mottled kidney; cases in which the urine is seldom of very low specific gravity, and in which a considerable amount of urea is excreted; and, on the other hand, the great length of time, the long series of years, in which patients suffering from the small, dwindled, granular kidney, whose urine ranges from 1002 to 1008, will go on with their intellects unimpaired and their nervous systems undisturbed, in spite of the extreme scantiness of the excretion of urea. Dr. Fuller mentioned the case of one such patient, whom he had had under observation at intervals during the last fourteen years, the specific gravity of whose urine throughout that period had never exceeded 1007, and usually averaged 1004. The urine was not particularly abundant; the quantity of urea excreted was very small; yet the man, though languid, and unequal to long-continued bodily exertion, had never suffered in the slightest degree from disturbance of his sensorial functions.

Another fact, seeming to point to some other sudden and temporary alteration in the condition of the blood, some decomposition of the urea long existing in the blood, or some other unusual chemical change, as the cause of the convulsions and insensibility, is the suddenness with which these symptoms arise, and the speed with which they pass off. Until within a few hours before the attack, there is usually nothing in the general appearance of the patient or in the condition of his urine to indicate a change for the worse; and when the symptoms pass off, which they do in a short space of time, there is no observable improvement in the general symptoms, no appreciable alteration in the condition of the urine. Nevertheless, the author drew attention to the fact that head symptoms are specially prone to arise when the patient is unduly lowered or depressed, and he urged the necessity of extreme jealousy in maintaining as healthy a condition of blood as possible, by regulating the supply of food, by enforcing exercise, encouraging the action of the skin, and in every way providing for the elimination of the effete materials of the body by a more than ordinary demand on the activity of the excretory organs; and, further, in avoiding all measures, whether dietetic, medicinal, or otherwise, calculated to exhaust or unduly depress the nervous centres. With a view to guard against this condition, he urged the expediency of maintaining a proper tone of the system by the constant use of diffusible stimulants, and by the occasional administration for a lengthened period of small doses of iron in a light bitter infusion.

In respect to the administration of direct renal stimulants, Dr. Fuller combated the opinion so often propounded, that when the kidneys are diseased our aim should be to avoid stimulating them, and to prescribe such remedies only as will increase the action of the other excretory organs. Observation, he said, had long since convinced him, that the practice founded on this opinion is extremely inefficacious; and he maintained that the use of vapour baths, diaphoretics, and purgatives, to the exclusion of diuretics and direct renal stimulants, is as false in theory as it is unsatisfactory in practice. He drew attention to the fact, that Bright's disease is confined to persons in weakened health, and is essentially a disease of malnutrition, attended by general anæmia. Therefore, on the same principle as that on which stimulating applications are employed to relieve congested conditions of the throat, languid ulcers, scrofulous eyelids, and other seats of diseased action characterized by low congestion and mal-nutrition, he insisted that, in these cases of renal mal-nutrition and passive congestion, renal stimulants, such as cantharides and turpentine, should be employed in conjunction with saline purgatives, vegetable bitters, iron, and whatever may be necessary to improve the general health. He acknowledged that in cases of renal mischief, evidenced by acute desquamation of the uriniferous tubes, the propriety of such treatment admitted of doubt, and that the warm bath, dry cupping on the loins, and the exhibition of digitalis and brisk purgatives, generally prove more serviceable; but he cited cases to prove that even when desquamation is proceeding actively, as it does in most instances of scarlatinal dropsy, long after the feverish symptoms have subsided, the exhibition of iron and cantharides is often followed by the happiest results.

HARVEIAN SOCIETY.

THURSDAY, DEC. 1ST, 1859.

EDWARD HART VINEN, M.D., F.L.S., PRESIDENT.

Mr. HARRY LOBB read a paper upon

THE PATHOLOGY AND TREATMENT OF IDIOPATHIC PERIPHERAL NEURALGIA.

He commenced by dividing neuralgia into (1) Central, (2) Peripheral, and (3) Reflected. Of the central, arising from disease of the brain or spinal cord, he did not speak. The third division he proposed reserving for a future communication. The second was divided into Idiopathic, Traumatic, and Neuromatous. Idiopathic peripheral neuralgia was described as a stabbing, darting pain referred to the course of a nerve, shooting down the nerve like lightning, coming on suddenly, lasting but a moment, and repeated at intervals; the pain is so acute as to be unendurable if continuous. The part or limb affected with this form of neuralgia is colder, and the skin supplied by the neuralgic nerve is more or less numb, not tender to the touch, the patient liking to be rubbed, and frequently grasping the part with the hands and pressing it. If the neuralgia has lasted any time, there is more or less paralysis in the muscles supplied by the accompanying motor nerve. The author then gave, at some length, his views upon the generation and distribution of nerve-force from the capillary circulation, in order to make his description of the pathology of this form of neuralgia intelligible. He described a sentient nerve as a conductor to the brain of sensations taking place at the periphery: neuralgia is not, therefore, a hyperæsthesia of its healthy function. During health, a nerve has no sensation proper in itself; and if it be struck, cut, or torn, the sensation is referred to the parts to which it is distributed: but in this form of neuralgia it is the nerve itself to which the pain is referred as darting up and down its course. A sentient nerve was likened to an iron conducting wire of a galvanic battery, which, if of a certain uniform diameter, conducts a given quantity of galvanism without being perceptibly affected by its passage; but if a portion of the wire be much finer than the rest it becomes red hot, being unable to conduct the whole of the galvanism, the remainder correlating into heat. So in a nerve: from mal-nutrition, it is unable to conduct normal sensations to the brain; the nerve-current, by affecting the polarity of the nerve itself, gives the idea of pain in that portion of the trunk of the nerve, its peripheric terminations at the same time being numbed. The author considered the indications for treatment, therefore, to be increased and healthy circulation, arterial and nervous. After enumerating the usual methods of treatment, he considered the only agent capable of carrying out these indications to be the continuous galvanic current; and he recommended, as the only apparatus that can be adapted to the surface of the body,

and capable of generating a sustained current, the Pulvermacher chain—producing a continuous current of galvanic electricity in one uniform direction, mild, yet sufficiently energetic for medical purposes. Mr. Lobb then described the method of applying the chain, and exhibited some experiments with its aid; as the decomposition of water, contraction of muscles, &c. In the treatment of idiopathic peripheral neuralgia, he looked upon the Pulvermacher chain as a specific. Immediately upon adapting the excited chain to the part, a genial glow is felt—not mere warmth, but a sense of vitality in the part; the patient is aware of a life-giving agent, and immediately says that he is relieved; the neuralgia disappears, and sensitiveness of the surface returns. The paper concluded with several interesting cases in which the continuous galvanic current afforded rapid and permanent relief.

Reviews and Notices of Books.

Blood Disease. By J. VAUGHAN HUGHES, M.D., M.R.C.P. Lond., Knight of the Order of St. Maurice and St. Lazarus, &c. pp. 132. London: Churchill.

WE took up this book with hope; we put it down with disappointment and regret. We found the author deploring, in his preface, that practical men had no work which they could refer to that would "afford them a special description of what is understood in these days as 'blood disease.'" We mentally accepted his offer to supply one. We had the able contribution of Vogel—viz., "Störungen der Blutmischung,"—to Virchow's "Handbuch der Speciellen Pathologie," &c., and its Calcutta translation by Chunder Coomar Dey, before us, and we supposed the profession in England were to be treated to an analogous, if less systematic, view of the qualitative and quantitative changes of the circulating fluid. We found ourselves sadly deceived. We got into a maze of would-be fine writing about the liver, gout, and the uterus—writing, nevertheless, having here and there a very strong dash of vulgarity about it. We will give some vouchers for this decided opinion:

"Till we have submitted the case to a course of careful constitutional treatment, coupled with energetic moral training over and over again resorted to—yea, seventy times seven—should we struggle patiently, in all mercy and pity, to cure or to relieve, before we sit down to sign that awful warrant which is to separate a frail human being from home, friends, wife, and children, and all the earth, save a white-washed cell and a garden surrounded by its high brick wall."—p. 17.

"But when she recovered from this paroxysm her husband talked very seriously about sending her to a public asylum, and I pretended to sign the awful document."—p. 23.

"In severe rotten cases we cannot make the liver, pancreas, and bowels disgorge their corrupting contents by one or two strokes."—p. 26.

"We shall often find ourselves in a fix."—p. 77.

"When we have accomplished the object, and got our patient into a regular working condition."—p. 79.

"The plaguy heartburn."—p. 89.

"A powerful syringe—one containing four ounces of fluid, known as 'Clarke's Improved,' answers this purpose very well."—p. 121.

Sufficit. The Knight of St. Maurice and St. Lazarus has here made a bad move; his *intention* seems to have been good, but, as it turns out, he has simply uncovered his game, and shown the weakness of his position.

On the Curative Treatment of Paralysis and Neuralgia, and other Affections of the Nervous System, with the aid of Galvanism. By HARRY WM. LOBB, L.S.A., M.R.C.S.E., &c. Illustrated with several Wood Engravings. Second Edition. pp. 152. London: Baillière.

IT is well known that since Professor Faraday's discovery of "inductive electricity," the older methods of acting upon the body through electricity evolved by friction and by chemical decomposition, (galvanism,) have been gradually yielding to what is frequently called "Faradization." In this operation an electro-magnetic instrument is employed, by which an intermitting current of induced electricity is brought to bear upon the nerves and muscles of the body.

"*Induction* is the power electrified matter has of inducing an opposite state in other conducting matter, which, although separated from it, is within a certain distance. Thus, if we imbue a disk, or ball of metal, with electricity, and place it near a disk, or ball, separated by a thin layer of non-conducting medium, the second disk, by *induction*, is found to be in an opposite electrical condition to the former."—p. 9.

The *induction* current is, from its very nature, only of momentary existence—or, in other words, *intermittent*,—and although the rapidity with which its intermissions take place may be increased or diminished at will, a continuous stream is impossible. Galvanic electricity, on the other hand, may be either continuous or intermittent, and since the construction of some modern instruments—*e. g.*, Pulvermacher's chains and bands—may be *conveniently* obtained in high tension, and of sufficient quantity for almost any medical purpose. Mr. Lobb maintains that the almost exclusive employment of inductive electricity, or Faradization, is an error, and that the continuous galvanic current has, in therapeutics, an adaptation quite as great as that of electro-magnetism. It is his belief that it is upon the judicious choice of the different physiological effects of each current that success in the treatment of disease depends. We may recommend Mr. Lobb's little treatise upon electrization as containing many useful hints on its employment in the treatment of disease.

Beeton's Dictionary of Universal Information. By S. O. BEETON and JOHN SHERER. Parts VII. to XII. London: Beeton, Bouverie-street.

IN a former number of THE LANCET (June 11th, p. 590) the first six numbers of this very meritorious work were noticed. It has now reached the twelfth monthly number, which brings its contents as far as the word "D'Alembert," and these are now published altogether in a cheap volume, handsomely bound in cloth and lettered. Amongst the articles which are interesting to our profession are, Boerhaave, Clark (Sir James), Combe, Cooper (Sir Astley), &c., which, as well as all the other biographical portions of the work, are very well written, in a concise and compendious form. One characteristic of this Dictionary, which distinguishes it from most productions of its class, is that the biographies of eminent living persons are included, as well as those of deceased individuals; and both with respect to them and the histories of the towns, cities, and countries, the information is brought down to the latest period. Indeed, in this respect, the fidelity with which events are narrated as having occurred at different localities mentioned, is striking, and deserves the highest commendation. The work continues to be illustrated by spirited and tasteful wood engravings, and at the commencement of each number is a map or a chart having some general interest and utility. Thus, in the numbers before us, in addition to maps of Asia and Australia, we have tables of the maritime flags of all nations, of the relative hour of the day at the same moment in various parts of the globe, of the heraldic arms of the principal states, &c. As we have before stated, this is a most useful book, and one which is entitled to general support and circulation.

France and England, Socially and Politically Considered. Translated from the French of CH. MENCHE DE LOISNE (Sous-Préfet de Boulogne-sur-Mer), by Mrs. PHILIPPS GREENE. London: Jeffs.

IT is most material to science, and to medical science none the least, that there should be political harmony between the two great European nations, whose *comparative* histories receive eloquent treatment in the above work, the effort of so accomplished a scholar as the author.

M. de Loisne's text is the statement of his belief that "a Government has no real existence, strength, stability, or dura-

tion, but when it is the expression of the traditions, the manners, the passions, and the interests of the society which it governs." And in the establishment of this argument, the writer exhibits both the research of an able historian, and the judgment of a wise politician. Moreover, tracing the rise of the two great nations from their primitive subjugation to their present lofty eminence, he reads us unconsciously a most instructive lecture in ethnology, very characteristic indeed of the in-born difference between the Saxon and the Celt.

Foreign Department.

SCOOPING OF BONE SUBSTITUTED FOR RESECTION OR AMPUTATION.

M. SÉDILLOT, of Strasburg, has, for the last two years, seized every opportunity, in cases of diseased bone, of scooping out the affected parts, and leaving the cortical portions, rather than have recourse to resection or amputation. In April, 1858, he brought this mode of operating before the Academy of Sciences of Paris, and then stated that he was led to adopt the method from observing the remarkable osteogenic powers of the periosteum pointed out by M. Flourens and M. Ollier. Instead, however, of dissecting the periosteum from the bone, and removing the latter, (a proceeding which offers some difficulty,) M. Sédillot leaves the whole cortical portion of the bone, as above stated, and removes the carious parts.

On the 31st of October last, the author brought before the same Academy an account of the cases operated upon in this manner. Ten patients recovered, and three died. Amongst the former, M. Sédillot mentions the case of a young girl, in whom he had scooped out the lower third of the femur and the condyles: she now walks very well. Another case is that of a young man suffering from caries of the lower part of the left tibia; the scooping here included the whole of the articular extremity, and the inside of the malleolus: the patient now works hard, and can walk fifteen or sixteen miles. The fatal cases may not be charged to the operation: one died of epidemic sloughing phagedæna six weeks after the scooping, and the others several months after submitting to operative procedures. M. Marmy, of Lyons, and M. Ehrmann, a military surgeon in Algeria, have both sent to the author a successful case of this operation.

If we are not much mistaken, M. Sédillot's operation has much analogy to the gouging in caries so often successfully practised in the hospitals of this metropolis. But a real improvement in the operation of resection of joints is, the careful preservation of as much periosteum from the extremity of the articular surfaces some distance up the shafts as has not been destroyed by the progress of disease. This should be borne in mind by those surgeons who frequently perform resection of joints; nor are the practical proofs of the utility of these precautions wanting. M. Verneuil, of Paris, for instance, has placed several cases of resection of the elbow before the Academy of Sciences, and shows that, by dissecting very carefully whatever periosteum is left, he had, by regeneration of bone, in one of his cases, only two inches' shortening, after having removed altogether four inches of osseous texture from the humerus, radius, and ulna. In another case, M. Verneuil was able to leave a regular cylinder of periosteum at the lower extremity of the shaft of the humerus; and in this instance, also, the results were extremely satisfactory.

DEATH FROM THE INHALATION OF CHLOROFORM IN PARIS.

WE subjoin a few details of this unfortunate case, to which we alluded last week:—

The patient was a woman about fifty years of age, a servant in a family. On the 20th ultimo, she had a fall on a staircase, and was admitted into the Charité Hospital, where she was put to bed, the lesion not being sufficiently defined to induce the house-surgeon to proceed at once to reduction.

On the next day the surgeon, M. Manec, found a dislocation of the shoulder, the symptoms of which were less plain than usual. Attempts at reduction were unsuccessful, and gave considerable pain, so that the use of chloroform was clearly indicated.

It was given on a simple compress, whilst the patient lay in bed. In a minute, the stage of excitement was reached; and, in about another minute, the face became congested, she screamed a little, and some muscular rigidity was observed. Tranquillity, however, soon returned, the compress was removed, and the patient remained a few seconds breathing with some difficulty; but respiration soon became normal, and chloroform being again applied, complete relaxation was observed.

The patient was now placed comfortably, the head somewhat low, and rough laryngeal snoring set in. Extension was now used, and the house-surgeon, under the direction of M. Manec, reduced the luxation, the usual snap being heard by all present. Everyone now left the patient, including the pupil who had watched the pulse, and who had taken his finger from the wrist when the reduction had been effected. The house-surgeon alone remained by the bed-side, and was moving the arm about to find out whether there were something unusual in the joint, as the symptoms had been so obscure. In replacing the arm on the patient's chest, he perceived that she was hardly breathing. He immediately put his finger into her mouth, and called M. Manec, who was washing his hands at the foot of the bed. The depression of the tongue produced no effect; the breathing ceased completely, and the face, from being deep purple, became deadly pale. Ammonia, artificial respiration, cold air, cold water, and electricity were used in quick succession, but fruitlessly; and, after twenty minutes' strenuous efforts, the case remained hopeless.

The autopsy was performed twenty-four hours after death, and presented the following features:—Some serum in the pericardium, concentric hypertrophy of the heart without any valvular disease; some pleuritic adhesions; marks of contusions about the surface of both lobes of the right lung; and passive congestion of the central portions of both lungs, the vessels being clogged with black, diffluent clots. A little serum under the arachnoid; meninges healthy; vessels, towards the anterior portion of the brain, and the basilar artery, filled with black fluid blood; sinuses containing very little. Cerebrum congested, the grey more than the white matter, especially on the posterior part of the hemispheres, where the vessels were dilated; pons and medulla oblongata not congested; the pia mater covering them seemed of a deeper tint than usual. Other viscera healthy.

This case will go far to impress upon those who are often called upon to administer inhalations of chloroform, not to leave the patient when the operation is over, until recovery has taken place. We may here add that, for some time past, chloroform has been entirely relinquished by the surgeons of Lyons, who use no other anæsthetic than ether. This change occurred in consequence of formal resolutions adopted, on the 12th of April last, by the Imperial Medical Society of Lyons. M. Paul Diday, the talented editor of the *Gazette Médicale de Lyon*, publishes a very strong article in the number of the 1st inst., and warmly recommends that chloroform should make room for ether.

CATHETERISM OF THE UTERUS VERSUS ERGOT OF RYE.

M. E. REYNIER mentions, in the *Gazette des Hôpitaux* of the 1st inst., that he prefers exciting the contractions of the uterus by mechanical means, rather than by the ergot, and mentions the following case:—

A lady, whose age is not mentioned, was confined in 1856 of a healthy child, parturition presenting nothing unusual. On the 22nd of July, 1858, M. Reynier was sent for to assist her in a second confinement at full time. After the discharge of the amniotic fluid, the pains suddenly ceased, and the patient became greatly alarmed. On examination, the head was with difficulty felt above the brim, the os uteri being dilated to the size of a two-shilling piece. M. Reynier, thinking it necessary to complete the labour, placed the index and middle fingers of his left hand in the vagina, and upon these glided an elastic catheter, which he introduced into the uterus. When two-thirds of the length of the instrument were fairly in the womb, it was left *in situ*, and six minutes afterwards faint uterine contractions occurred; they gradually became less faint, following each other more closely, and when the head was on the perinæum the catheter was withdrawn. A well-formed, living, and healthy child was soon born, and the mother made a good recovery.

We cannot help thinking that an elastic catheter, which is, as a matter of course, transversely rigid, may, in lying between the parietes of the uterus and the head of a child, do some mischief, either as regards the womb or the fœtus. Perhaps a stream of warm water forced through the catheter would have sufficiently excited the energies of the uterus, and the instrument might have been withdrawn when the contractions had again begun. The case is, at all events, worthy of note.

THE LANCET.

LONDON: SATURDAY, DECEMBER 10, 1859.

IT would not, perhaps, be reasonable at the present moment to censure the governing bodies of our universities and medical corporations for tardiness in carrying into effect the changes in medical education and licensing contemplated by the Medical Act of 1858. At any rate, if censure in this respect is to be awarded, our brethren of the northern metropolis must be exempted. The Colleges of Edinburgh and the Faculty of Glasgow have lost no time in entering into partnerships for the purpose of instituting double examinations in Medicine and Surgery, and of granting corresponding double qualifications to practise. They have found, in the adjustment of the respective claims of the different Colleges, no insurmountable difficulty in effecting, by an obvious, simple, and rational union, that which is only accomplished in London by the most awkward, complicated, and fortuitous arrangements. It is true that in Edinburgh the case has not been encumbered by the London difficulty—that most absurd, illogical, and unfruitful hybrid, the Apothecaries' Society. There has been no impure and unrecognizable association of that kind to hinder the legitimate *rapprochement* of the two Colleges. In this respect our Edinburgh friends have been fortunate: their freedom from a disreputable and embarrassing alliance has enabled them to achieve the honour, and, we suspect we may add, the material profit, of leading the way in a most useful path of improvement.

The Medical Act is now more than a year old; its provisions were of course well known, and keenly discussed in our corporations, whilst it was yet in the embryo condition of a Bill. The London Colleges must surely have long had before their eyes the duty imposed upon them by the 19th clause, which provides that "any two or more of the colleges and bodies "mentioned in Schedule A may, with the sanction and under "the direction of the General Medical Council, unite or co-"operate in conducting the examinations for qualifications to "be registered under this Act." Why should the London Colleges hesitate to consummate the union here contemplated? True, it is not specifically enjoined; but there is every consideration of private prudence and public benefit why the thing should be done. If in Edinburgh the question is one of immediate advantage to her schools and colleges, in London it rises to all the importance of a great and imperative duty. It rests with the London Colleges of Physicians and Surgeons to vindicate the honour of the medical profession in England by abolishing that superfluous, mischievous, and degrading anomaly, the control over professional education and practice by a company of druggists. Independently of this radical vice, which injures every medical practitioner in the kingdom, what can be more cumbersome, more inconvenient, and more unsatisfactory, than the existing mode of obtaining what is called the "double qualification" in London? The Army, the Navy, and the Poor-law Board, all very wisely insist that their medical officers shall bring proof of competency in both Medicine and Surgery; and the regulations of these public institutions are ratified by the obvious dictates of common sense and the requirements of the community. Now, what are the conditions imposed upon the student to enable him to obtain this double proof? He must obtain a diploma from the College of Surgeons, and a licence from the Apothecaries' Company. He must adapt his studies to two different curricula issued by two distinct bodies, that can, decency forbidding, have no recognised connexion with each other: each must hold its own course. When he has gone through the two curricula prescribed by the two bodies, harmonizing them as best he may, he confronts successively the two boards of examiners. Let us suppose that he goes up to the College first: he is there examined in Anatomy and Surgery, and comes out with his diploma as a surgeon. He feels that he has been admitted a member of an honourable profession; and that he has a document to show which testifies, on the authority of men who have taken rank in the surgical world, that he is qualified to practise—*one* branch of his profession. He has acquired the use of one hand; the other is still tied up behind him. It can only be unloosed by submitting to the personal indignity of applying for relief to the shopkeepers in Blackfriars. As he walks unwillingly, dragging at each remove a lengthening chain, up those dirty steps in that dirty little lane, and, disturbed by the smell of rhubarb, casts a furtive glance through that glazed door on the left hand which reveals to him the retail pharmaceutical department of the Court of Examiners who preside over the licence department upstairs, he feels that he has fallen considerably in his self-esteem since he emerged from the portals of Lincoln's-inn-fields. He picks up his chain, wishing he could cast it off; but he cannot: the odour of the rhubarb clings to him; the document he has been worried for, and has paid for, is necessary to his professional existence: he must show it to boards of guardians, magistrates, committees, and all public bodies, that all men may know he is an apothecary as well as a surgeon. It is in vain he drops the unsavoury title on every possible occasion; it is in vain he engraves "surgeon" on his door-plate and on his cards: that document, adorned with signatures mostly unknown to fame, must be produced. Some few, gifted with superior talent, energy, or opportunities, endeavour to conceal or escape the odious bondage by taking the degrees of the University of London; but "*non omnibus contingit adire Corinthum.*"

Or let us suppose that the practitioner seeks no public appointment, that he has been content to engage in general practice, with the legal right to enforce his claim to remuneration, and that, in an ill-judging or unfortunate hour, he has left the schools armed with the Apothecaries' licence alone. Although he may have passed what we freely allow is, under the circumstances, a creditable examination, in society as in the profession he always labours under a disadvantage. He may urge that the man who has only a surgical diploma cannot be said, any more than himself, to be more than half-qualified; but he feels, and feels keenly, that everyone thinks the surgeon has the better half in the dispute. That disputes of this nature are continually arising in every part of the country is one of the notorious scandals of our profession, embittering members, who ought to exhibit an united front, against each other, and deeply wounding the whole body before the public. How directly all this flows from the evil we have pointed to is evinced with sufficient clearness by the fact that Licentiates of the Apothecaries' Society cling to the assumed right of calling themselves surgeons, whilst no surgeon thinks it worth while to style himself an apothecary. It is further proved by the fact that a

considerable proportion of those who have availed themselves of the extreme liberality of the Edinburgh College of Physicians in distributing its diplomas are Licentiates of the Apothecaries' Company. The Member of the College of Surgeons of England cares little for it. We are informed that an apothecary, on being called upon to sign a professional certificate which requires the setting forth of his special qualification, feels that he loses by comparison with the M.R.C.S. in the estimation of those to whom the certificate is presented; and that this circumstance has weighed powerfully with many persons in inducing them to seek in Scotland, what they cannot get in England, a diploma which enables them to suppress the Blackfriars licence, and appear before the public as Licentiates of a College of Physicians. It is true they do not get a double qualification in the proper sense of the term; they get two qualifications of the same kind, both being qualifications in Medicine; but at any cost they must shake off the Apothecaries' chain.

These great and mischievous anomalies; this source of ill-feeling and recrimination amongst the members of our profession; this heavy blow and great discouragement to medical education in the metropolis, it is now the plain and unavoidable duty of the London Colleges of Physicians and Surgeons to remove. The day has arrived when the College of Physicians may redeem that lamentable error it committed in 1815, by relinquishing to a trading company the control over the education and examination of the general practitioners of this country. The College cannot afford to err twice in this matter; and we rejoice to see it now prepared to assume its proper position. There can surely be no difficulty in adjusting the relative parts of the two Colleges in the joint examination and licensing of all future medical practitioners. The Committees of the two Colleges will, no doubt, take up the important duty referred to them in a liberal spirit, and under such a feeling all difficulties will disappear. They have to agree upon a common curriculum; upon a scheme of medical and surgical examination; upon the constitution of a joint Board of Examiners; upon the fees to be demanded for the double licence; and upon the title or designation of the new licentiates. In any scheme of this kind, the separate obstetric examination and diploma of the College of Surgeons must, of course, be merged. These constitute in themselves an injurious anomaly that ought to be abolished; and this reform is an additional argument for the union we are advocating. The power of examining and licensing independently of each other, the one to create physicians, the other, surgeons, will, of course, remain untouched.

If anyone can suggest a single valid reason against the immediate adoption of this measure, it is high time that it should be made public, in order that by discussion it may be removed. Such reason, if one there be, can only arise out of some selfish, personal, or corporate interest, and should not for a moment be allowed to obstruct a most urgently-demanded public benefit.

EVERYONE is assuredly acquainted, in these days, with those parti-coloured maps of the British islands which represent, in patches of diversified shade and colour, the geologic and mineral peculiarities of these portions of the globe. Charts, too, of the "coal-fields" of Europe and of the "gold-fields" of Australia, upon which dark and yellow spots obtrusively catch the eye, must be almost as well known to the daily passers of our map-shops as they are to the scientific men of Great Britain and to the adventurers of our antipodes. The memories of many of our own profession will enable them to recall also to mind those maps which accompany the Registrar-General's Report of the Cholera of 1849, Mr. KEITH JOHNSTON'S Physical Atlas, and Dr. AITKEN'S Handbook, in which Health and Disease are mapped out into geographic regions, and in the first of which ominous spots of shade point out the ravages of that plague of the Indus—shade which deepens in intensity in various unfortunate localities, until at length the stain is as black as Indian ink over the sites of London, Liverpool, and Wolverhampton. The sociologists and members of our profession have lately had another curious chart added to their Atlas of Physical Science. It looks even more sombre than that of the cholera. Though the latter is black enough in places, yet it has cheerful white regions in abundance, and which tell us that fearful pestilence has there never set its foot. But in this new addition every county, save two, is overclouded. Some of our readers are wondering, no doubt, as to what chart of rocks and shoals which shipwreck human life we can possibly be alluding. It is to a "Map showing the Distribution of Suicides in England and Wales in 1856–57–58," and which is published in the last number of the *Journal of Psychological Medicine*.

That self-murder, in some of its forms, is not only capricious and uncontrollable, but also very obscure in regard to proof, we believe with Mr. BUCKLE. Even the best evidence in respect to suicide must be often very imperfect. In cases of drowning, for example, deaths may be returned as of suicidal character which, in reality, are of accidental occurrence; and, on the other hand, deaths of assumed chance and adventure may be, in truth, the consequences of self-murder. There are other circumstances, also, connected with suicides, and with their assumed proximate and remote causation, which undoubtedly render our statistics upon this question only *moderately* approximative to the truth. This, at least, is our opinion. Nevertheless, from such information as is afforded by Mr. REDGRAVE'S "Judicial Statistics," the Third Annual Report of the Registrar-General, &c., ample and sufficiently precise data can be obtained, from which a generally trustworthy chart of the distribution of suicides in the kingdom may be laid down. Such an one is the new map lately published in Dr. WINSLOW'S journal. On this darkly overshadowed paper, the only places free from stain are the counties of Pembroke and Carmarthen. But these spots are not really *guiltless;* they remain white, however, upon the suicides' map because their average proportion of self-murderers is less than 2 to 100,000 of their inhabitants. The counties assume a darker colour upon the map according to the rate of this average proportion, until, at last, the stain is so deep that we cannot read the name of the county for the blackness. Such is the case with Westmoreland, Middlesex, and Surrey; Lincolnshire, Cumberland, Kent, and Sussex appear next in depth of dye.

But without going over individual counties in detail, we may remark that in the explanation which accompanies this new chart of sorrow it is shown that, if we take the general distribution of suicides throughout the kingdom, we find that there are three districts in which the tendency to suicide is in excess. The districts may be called "suicide fields," and designated the London, the Midland, and the Northern "suicide fields," from their relation to the metropolis, and the midland

and the northern counties. In the London field, the counties of Middlesex, Surrey, and Kent, along with Sussex and Hampshire, form a well-defined district, in which the proportion of suicides is considerably in excess of that of the whole kingdom, this latter being 6·8 to every 100,000 of the population. In the twelve months of 1858, 283 individuals committed self-murder in London, giving an average of 9·2 per 100,000. It would seem to be a fair inference of the author that the excess of suicides in the counties of Middlesex, Surrey, and Kent is due to the contiguity and influence of the metropolis. We find upon, the Continent, Paris forming the *centre* of a vast suicide field, as we approach which—it matters not from what part of France we start—we perceive the number of suicides increasing in regular proportion to the nearness of the approach. At first it seems a peculiar circumstance that there should be an excessive suicidal tendency on the seaboard of Sussex; but when we detect upon that seaboard Brighton and Hastings alone affording 40·8 per cent. of these self-murders, and keep in mind the close *social* relations of London to these boroughs, our wonder ceases. Wherever, in fact, the mental, emotional, and physical powers are kept in the highest degree of tension, there the greatest tendency to suicide is to be found. In London the strings of the instruments are at concert pitch, and, as we supply such numbers of the latter to Brighton and Hastings, we need not be surprised that the crashes in these places are at the same rate we find them in the "great metropolis." Our attention is drawn by the author to the excessive tendency to suicide in the borough of Portsmouth as compared with the other great seaport boroughs of Plymouth, Liverpool, and Kingston-upon-Hull. The midland suicide field is constituted by Leicestershire, Nottinghamshire, Warwickshire, and Lincolnshire, the centre of which is Leicestershire, in which county the proportion of self-murders is greatest—viz., 9·6. The northern suicide field is formed by Westmoreland, Cumberland, and Lancashire. To meet the exigencies of a shaded scale in the map, Northumberland, Durham, and Cheshire are darkened to the same degree as Lancashire; but a reference to a table accompanying the map at once shows that they are rightly excluded from entering into the "suicide fields." Their average rate of proportion does not entitle them to that little-to-be-desired honour.

"The excessive proportion of suicides in Westmoreland (11·1), and the greater diminution of tendency to suicide in Lancashire as compared with Cumberland, are interesting facts. It will, however, be matter of subsequent inquiry how far the great apparent tendency to suicide in Westmoreland and Cumberland may be determined by causes not inherent in the counties. For instance, both counties, on account of the beauty of their scenery, are greatly resorted to from neighbouring counties, and, indeed, from the kingdom generally. Is the proportion of suicides exaggerated by suicides amongst casual visitors or temporary residents?"

The melancholy interest and scientific value of the map before us would, of course, be diminished to a very low degree, if its various allotments, or, at any rate, its main "suicide fields," could not be honestly regarded as, comparatively speaking, *persistent*. We see, however, no reason to doubt the inference drawn by its framer, that such "localities of greatest tendency," as he has here mapped out, will probably remain such, and that twenty years hence a suicide map will present much the same geographic features as it does now. It is a remarkable fact, as pointed out by him, that only in one respect do we find any general correspondence between a predisposing cause of suicide and its geographical distribution. This is seen in the circumstance that *self-murder prevails most in the most educated districts*. If we adopt as a measure of the degree of ignorance of different counties the number of persons who sign the marriage register with marks, it will be found, as a general rule, that the average number of suicides decreases as the average amount of ignorance increases. As an interesting appendage to the map we have before us, we may refer to the diagram representing the "curves of suicides," and "curves of ignorance."

"The lines of suicide and ignorance describe curves in opposite directions, and although the points of depression of the one curve and of elevation of the other do not absolutely agree, still the correspondence is such as perhaps to justify the conclusion, that *the prevalence of suicide and the degree of ignorance in a district are in inverse relation the one to the other.*"

The more weight is to be attached to this, also, from the fact that a similar relationship between the amount of instruction and the number of suicides exists in the French departments as that exhibited by the English counties. Nevertheless, as the relations between the state of education and the commission of suicide, the development of the intellect and self-destruction, are but very general, and in some respects evidently accidental and indirect, we must be careful in not laying too heavy a stress upon this rather foreboding aspect of the question. It is here, indeed, that the assertion of Dr. FARR is so worthy of remembrance—viz., that if the progress of civilization is to be charged with the increase of suicide, we must understand by it the increase of tailors, shoemakers, the small trades, the mechanical occupations, and the incidental evils to which they are exposed, rather than the advancement of truth, science, literature, and the fine arts.

MORE than two years since the late celebrated Dr. MARSHALL HALL suggested the establishment of an Hospital for the reception and treatment of persons afflicted with Epilepsy. Unhappily he did not live to witness the realization of his benevolent object. The project now, however, has been set on foot, and on a broad and substantial basis. At a public meeting recently held in the City, under the auspices of the late Lord Mayor, it was received with every demonstration of enthusiasm, and subscriptions to a large amount were instantly announced. We take it for granted, then, that such an Hospital will speedily arise, and present another graceful indication of the charitable feelings which so strongly influence the minds of the English people. Once founded, the first thing to claim attention will be the measure of utility characteristic of its career. That result will entirely depend on the selection of its medical officers; if they are well chosen, nothing but benefit can occur from the working of such an institution. We hear, then, with feelings of extreme satisfaction that Dr. BROWN-SÉQUARD is not unwilling to become one of the physicians of the projected institution. Now, we can only declare that should the directors of the Epileptic Hospital secure the services of that most highly-gifted and extraordinary man, they will obtain for themselves the hearty approval of the entire medical profession, not of this country alone, but throughout the civilized world; and they will create a solid foundation for the gratitude of the English public.

THE remonstrance, addressed by the medical faculty in Kingston to the Colonial Minister, against the recent appoint-

ment, by the Governor of Jamaica, of a young gentleman who has just finished his studies to the high post of Consulting Surgeon to the Public Hospital and Lunatic Asylum of that city, over the heads of all his experienced seniors, deserves the notice, and will enlist the sympathy, of the profession everywhere. It seems to be an act of mere wanton arbitrary power, without regard either to the feelings of the able and honourable men who consider themselves aggrieved and insulted, or to the welfare of the sick and suffering, to whom the very best medical assistance which the island can afford is sacredly due. The only ground for the preference of the nominee selected is said to be, that Governor DARLING wishes to remodel the constitution of the two establishments entirely, upon a plan of his own. His choice for the highest and most responsible office has fallen, it appears, upon the son of a most active supporter of his government.

Notwithstanding the sanction of the appointment by the Duke of NEWCASTLE, we cannot but believe that it will be found to be anything but expedient to carry it out completely, and that, in some way or other, means will be discovered to relieve alike the patron from the discredit of the proceeding, and his nominee from the responsibility of an onerous office, unless, indeed, it be degraded into a sinecure, or perverted from its obligations, and then the whole affair would be a rank job. The sanction by the Colonial Minister of the appointment will not affect the judgment of anyone on the case. It is far from being an approval, and is only a bare official declaration of unwillingness to cancel an act already accomplished. A Secretary of State is, of course, always most chary of interfering with a Governor of a colony in such matters, except in extreme cases, where moral delinquency is superadded to professional incompetence.

The name of Dr. BOWERBANK does not appear amongst the remonstrants, merely because he was absent from the island at the time. That his energetic efforts to reform the sanitary and administrative condition of the Hospital and Asylum will ultimately be successful cannot be doubted when it is known that the Earl of SHAFTESBURY, after carefully investigating the statements of the Doctor, addressed to him, before his return to Jamaica, such a letter as the following:—

"Office of Commissioners in Lunacy, 19, Whitehall-place, August 24th, 1859.

"SIR,—On the 14th of May and 25th of June this Board addressed letters, containing the expression of their very strong and decided sentiments respecting the necessity of an immediate, searching, and impartial inquiry into the alleged frightful and disgusting state of the Hospital and Lunatic Asylum in Jamaica. I have, as Chairman, requested permission to furnish you with copies of these letters.

"The Secretary of State has replied that 'such communication would be inexpedient for the public interest.' I by no means concur in this opinion.

"I am, Sir, your obedient servant,

"Dr. Bowerbank." "SHAFTESBURY.

Lord SHAFTESBURY is not the man to allow a subject like this, on which he has expressed himself so strongly, to drop like a passing fancy. He has but to address a single word in Parliament to the Government, and the thing is done.

So long as there are incurable diseases, dishonest men will find it an easy matter to catch in their nets the unfortunate individuals who are visited by such complaints. What wonder, when the conscientious medical practitioner has plainly stated to the friends that his art cannot cure the disease, that these should believe in the deceitful promises of the charlatan? But the sway of these pests must ever be short, though infatuation will sometimes last a great deal too long. At last, however, the shallowness of the barefaced assumptions is too plainly seen, and the whole fabric, built of roguery and lies, falls to the ground.

The most melancholy part of the matter is, that the patients, already severely tried by the disease, are but too often subjected to an out-of-the-way treatment, which mostly entails upon them severe suffering. We all know how cruelly many of these unfortunate people were tormented in this metropolis by the man who (we regret to say supported by some in our profession who ought to have known better) pretended to cure cancer. What has become of the wonder-working doctor, and whither has flown the enthusiasm with which the lay portion of the community and some deluded medical men spoke of his short-lived cures? Let this heartless hoax be a lesson and a warning, and let us hear no more of pretenders taken by the hand and introduced into families by the magnates of our profession.

Look at what has just taken place at Paris. The so-called Black Doctor, whom M. VELPEAU, out of a mistaken love for human kind, admitted into his wards and put to the test, (with what sad results we all know,) has had his fling, as the phrase goes. It is no longer the fashion to swear by him, and to tax honest medical men with envy and jealousy; the foolish, the aristocratic, the idle, and last, but most to be pitied, the unhappy creatures afflicted with cancer, have forsaken him; his carriages and horses are put up for sale; his furniture is given over to the hammer; and he himself is now in prison awaiting his trial for manslaughter.

The man is alleged to have caused the death of one of his victims by the medicines administered. This will be a curious trial; for not only will the impudence and effrontery of the adventurer come to light, but also the weakness, folly, and stupidity of the friends of the sufferers, almost all of them belonging to the higher ranks, amongst whom, on both sides of the Channel, quacks of all kinds always find the most ready and profitable dupes.

Medical Annotations.

"Ne quid nimis."

CURARE IN TETANUS.

THE successful termination of two cases of tetanus in which curare was employed by M. Vella and M. Chassaignac, has led to repeated trials and as many failures with this potent substance. We may count in all, now, nine attempts and seven failures. Great interest has been excited by the experimental employment of curare in these cases; for the disease is no less horrible than the remedy is heroic. The discussion at the Medico-Chirurgical Society threw but little light on the subject. It is one of the least promising characteristics of curare, that both in composition and effect it is uncertain and varying. Its chemical nature is not uniform, even its source is variable, and its energies are unequal in various specimens. This constitutes a great posological objection to its use in its present form. If it were possible to distil a yet more deadly poison from this most poisonous drug, and to extract from it *curarine* as its active alkaloid, a fixed intensity might be attained. The therapeutic action of curare is unreliable; it cures rarely, but it can kill

promptly. It was thought not to be poisonous when taken into the stomach: subsequent experiments have proved this to be an error. Experiments upon large animals have shown that after the tetanic spasms have ceased, perhaps controlled by the action of the curare, death has followed apparently from paralysis of the organs of respiration. So that the surgeon has the satisfaction of thinking that if he saves his patient from the disease, he may kill him by the remedy. It is a remarkable fact that wounded and enfeebled animals are only affected by doses of greater than ordinary power. All this leads us to coincide in opinion with M. Velpeau, who condemns, rather than with M. Bernard, who applauds, curare. Further experiments are promised; perhaps it may not be superfluous to suggest that they should be made exclusively *in corpore vili*. What has been done hitherto was justified by the success of Vella and Chassaignac: the subsequent failures suggest the possibility that those were recoveries, not cures.

LUNATICS LET LOOSE.

THE authorities at the War-office have made a formal attempt to enforce the charge of confirmed lunatic soldiers upon local parish authorities. With this view, Messrs. Crockford and Cuthbertson, overseers of St. Margaret's parish, Rochester, were summoned before the Mayor and a full bench of magistrates at the Guildhall, Rochester, to answer the charges preferred against them by order of the Secretary of State for War, under the 16th and 17th Vict., cap. 97, sect. 68, of having omitted to apprehend William Carroll, a lunatic soldier, who was wandering about, after they had received notice to that effect. Witnesses having been examined on both sides, the magistrates considered that the case had not been proved within the meaning of the Act, as the overseers had no knowledge that the lunatic was actually at large. They dismissed the summons, and, at the same time, refused to grant the Crown a case for the Queen's Bench, and also refused costs.

The question of responsibility does not seem to have been touched in this decision; but the war officials may gather, from the hostile character of the judgment, an unfavourable opinion of the justice of their cause. It certainly savours greatly of injustice that the local rates of small districts in which military hospitals are situate should be burdened with the care of the incurably lunatic soldiers. Surely an average proportion of such unfortunates must be counted amongst the inevitable burdens of the State; and it is unfair that a part should pay for the whole. The expedient adopted, of turning them loose in the town, we have already characterized as cruel and dangerous.

WHO SUFFER FROM THE QUACKS?

MR. NORTON, greatly sympathizing with the pecuniary loss of Mr. Jones, the prosecutor of the Bennett and Watters gang, has suggested from the magisterial bench that the medical profession should defray those costs. He remarked that the profession were more interested than the public in the punishment of those rogues. We emphatically dissent from that dictum. If we have any interest in the matter, it is in their continued prosperity. These *togati vultures* prey upon the public; but to the great body of medical practitioners they act rather as jackals than vultures. They terrify, they injure, they sicken the healthy; they keep constantly before the eyes of those who are well and sound, gloomy pictures of probable disease and death; they identify the most ordinary symptoms of derangement, or even natural physiological conditions, with the precursors of horrible and loathsome maladies. A headache, a pain in the back, a thickness in the urine—the habitual indications of momentary indisposition, they loudly, publicly announce as the forerunners of disease. If the nervous man blushes or the idle man yawns, if the student is sensible of lassitude or the labourer of fatigue, he learns from them that these sensations are the awful warnings of imaginary and shadowy evils. Not one of us but has profited by the groundless fears with which these scoundrels have thus, for their own base purposes, inspired young men; for they frighten thousands whom they do not attract. It is true that medical practitioners have combined, earnestly and energetically, to denounce and to prosecute these fellows. But if they have done so, it is because they are actuated by the highest and noblest motives; it is because so shameful a desecration of an art which has in it a sacred element outrages their feelings; it is because they are not content to stand idle and see the wrong done, of which they alone know the full extent. It is not our interest, and it is doubtful whether it can be called our duty, to avenge the wrongs done to others, and which are profitable to us. But it is the interest of the public to protect themselves from the injury which such herds of impostors habitually inflict. It is for the rich, who suffer less from this plague, to help the poor, who suffer most from it, and who suffer in ignorance. The prosecution of these men should be undertaken by a society of laymen; and it is to the general public that Mr. Jones should be able to look with confidence for reimbursement of the few score of pounds which he has expended in relieving them from a gang of impostors who levied an annual tax upon them of nine thousand a year, to the detriment alike of their pockets and their persons.

ANÆSTHESIA BY CHLOROFORM: DEFECTS OF THE METHOD OF DR. FAURE.

ATTENTION has been claimed for a new mode of administering chloroform, recommended by Dr. Faure to the Academy of Medicine of France. By this proceeding, chloroform is inhaled by one nostril, air by the other; the mouth is kept shut. This is merely a very clumsy contrivance for diluting the chloroform with atmospheric air. It indicates a concealed adhesion to the principle which we have repeatedly enunciated in THE LANCET as the guiding rule for the safe exhibition of chloroform: free dilution and gradual administration. But it is very far inferior to the method adopted by the most experienced persons in this country of administering chloroform, because it is uncertain, and does not admit of the accurate graduation of the proportions of chloroform and air. By the use of the inhaler of Snow, with Sibson's mask, and of some other instruments which have been subsequently introduced here, the proportions may be accurately regulated from one up to twenty or thirty per cent. of chloroform. When this is done conveniently and with certainty, the mechanical desiderata of anæsthetization by chloroform are satisfied. The pathological relations of the vapour still remain to be investigated. From these springs the only danger. The method of Dr. Faure, then, cannot, we think, be accepted in this country, where we possess and habitually employ means of administration by far more secure and scientific.

REMARKABLE ACTION ON A LIFE POLICY.

A VERY singular case of action upon a life policy was this week submitted to the Civil Tribunal of Paris. The circumstances are so curious that we give the facts *in extenso* as we find them related in the report of *Galignani*. It appears that in Sweden, as in England, it is not unusual for people to effect, by way of speculation, insurances on the lives of individuals not connected with them. In 1855, one Svensson, of Carlscrona, insured the life of an old soldier, named Hoffstedt, of the same place, in the Mentor Company of London, for 8000 rixdollars, and in the Paternelle Company of Paris for 7500 francs. In August, 1856, Hoffstedt died, and Svensson claimed the amount insured in the two offices. The Mentor Company paid at once; but the Paternelle Company thought fit to institute an investigation respecting the death. It then turned out that Hoffstedt was a confirmed drunkard, and that Svensson supplied him with money to enable him to drink brandy in excess,

his object being, it was affirmed, to hasten his death. The old soldier at last died very suddenly, and the rumour was spread that Svensson had poisoned him by putting arsenic in the brandy. The dead body was examined, and arsenic was found in it. Svensson was in consequence arrested and brought to trial before the Criminal Court of the district, on the charge of poisoning. But the charge could not be established. He was acquitted. As, however, he was proved to have had arsenic in his possession,—and in Sweden this is illegal for a private person,—he was fined sixteen rixdollars. On an appeal, the judgment was confirmed. The public prosecutor then petitioned the king to cause the man to be imprisoned in a fortress, on the ground that there was no moral doubt of his guilt. In August, 1857, his Majesty refused this petition; and at length the man was released. Meantime he had become bankrupt. The assignees now instituted proceedings for payment against the Paternelle Company in Paris. The ground on which they based the action was that the judgments of the Swedish courts proved clearly that no murder had been perpetrated, and that the Company could not prove that Hoffstedt committed suicide, so that the insurance remained valid. The Company, however, contended, first, that the judgments of the Swedish courts were not binding in France, and consequently that their acquittal of the man amounted to nothing in the eye of the law; next, that as Hoffstedt had undoubtedly died of poison, it was clear either that he had committed suicide, or that he had been poisoned by the man who was to benefit by his death, either of which cases, in France, rendered an insurance invalid. The Civil Tribunal, adopting the arguments of the Company, rejected the action.

BLOOD-SPOTS ON BREAD.

THE red stains which will exceptionally appear on bread long exposed to a humid atmosphere were regarded by the superstitions of the middle ages as spots of blood. Their presence on consecrated bread has more than once given rise to bloody persecution of heretics, to whom it was imputed that they had thus chosen to desecrate and insult the sanctuary. Ehrenberg first scientifically examined these spots at Berlin. The red globules which he saw he proclaimed to be monads, and he named them in his infusorial system "*monas prodigiosa*." These monads of Ehrenberg more perfect microscopic investigations have announced to be vegetable cells. M. Schiff, of Berlin, after several failures in attempting to produce these *quasi* blood-spots by exposing bread to the humidity of the atmosphere, has succeeded in the air of Paris during the rainy latter days of August. The patches were developed both on the exterior and in the interior. He has submitted them to careful microscopic examination. He finds the masses to be composed of round or oval vegetable globules, more or less altered in shape by pressure, of bright-red colour like blood-globules, with a thin, colourless, or faintly green envelope. They have all the characters of the confervoid growths, and the filamentous developments were complex and well seen. Thus science solves a spurious miracle by demonstrating a veritable wonder. We need not cease to admire, because we begin to understand. This confervoid growth is to the full as demonstrative of creative power as the priestly juggle of colour which has been called a miracle. *Nos admiramur sed non cum deride vulgo.*

A MERITED TRIBUTE.

WE see, with very great pleasure, that Mr. W. M. Ogilvie, late surgeon on board the *Trident*, paid off at Woolwich, has received a deserved tribute of regard for his noble humanity and tried skill in performing the painful duties of his position during the frightful epidemic of yellow fever which raged on the west coast of Africa, in May, June, and July, 1859. The testimonial consisted of a massive gold medallion, weighing three ounces, contributed by the entire ship's company, with the exception of two of the officers. It is stamped with appropriate inscriptions. The professional duties of Mr. Ogilvie on the coast of Africa were considerably increased by the addition of the survivors of the 12-gun sloop *Heron*, lost on that coast, and received on board the *Trident*. The terrible scourge carried off no less than forty-four of their number, in spite of the precautions which science could suggest, and the care with which each was secluded as soon as the disease made its appearance. Twenty-four died in hospital, three aboard ship, and seventeen in encampment on shore.

THE JAMAICA PUBLIC HOSPITAL AND LUNATIC ASYLUM.

THE following Memorial has been transmitted to us for publication:—

To the Right Hon. Her Majesty's Principal Secretary of State for the Colonies.

The Memorial of the undersigned Practitioners of Medicine and Surgery in the City of Kingston and Island of Jamaica,

Humbly showeth,—That your memorialists respectfully transmit for the consideration of her Majesty's Government the accompanying correspondence, which has lately passed between his Excellency Governor Darling and your memorialists.

That, according to the laws now in force for the regulation of the Public Hospital and Lunatic Asylum of this island, the medical staff of these institutions consists of a consulting surgeon, a house-surgeon, and an assistant house-surgeon.

That the office of consulting-surgeon has been always regarded by the medical profession in Jamaica as one of high and honourable distinction, and has been hitherto held by persons of the highest standing and experience in their profession.

That such office became vacant by the death of the late Dr. Joseph Magrath, on the 17th day of February, 1858, from which time it has been permitted to remain vacant until very lately, when his Excellency Governor Darling was pleased to make the appointment, as set forth in the accompanying correspondence between his Excellency and your memorialists.

Your memorialists regard the elevation to so honourable and responsible a position of a young man who has but very recently completed his course of medical study as a great degradation to the medical profession, and an unjust reflection upon the senior practitioners of this city, and they also consider such an appointment highly injurious to the interests and usefulness of an institution which is supported at the public expense.

Your memorialists would further submit that the laws regulating the Public Hospital and Lunatic Asylum, especially as regards the appointment of medical officers, are faulty, and altogether fail to afford such advantages to the profession and to the public as might reasonably be expected from so important an institution, and that, under the special arrangement referred to by his Excellency in his communication, the entire medical and surgical care of 300 patients, including a large number of lunatics, is entrusted to two individuals, who are supposed not to engage in private practice.

That the profession generally is thus excluded from a large and important field of observation and inquiry which is essential to the maintenance and advancement of their knowledge of disease; and that the efficiency of an important public charity is limited by the employment of a staff of officers numerically unequal to the proper performance of the duties that necessarily devolve upon them.

Your memorialists therefore pray that her Majesty's Government may see fit to cause such full and impartial inquiry to be made into the condition and management of the Public Hospital and Lunatic Asylum as shall tend to the removal of the grievances of which your memorialists now justly complain.

(Signed) ANDREW DUNN, M.D.
CHARLES CAMPBELL, M.D.
ALEX. FIDDES, F.R.C.S.
CHARLES LAKE, L.R.C.S.E.
— ROBINSON, M.R.C.S.

Copy of a Letter from Mr. W. H. AUSTIN *to* Dr. DUNN.

Gov. Sec.'s Office, King's House, July 11th, 1859.

SIR,—I am desired by the Governor to acquaint you, and to request that you will inform the other practitioners of medicine and surgery in the city of Kingston who addressed to me a letter dated the 8th inst., enclosing a memorial to the Secretary of State, that that letter was only received this day.

His Excellency hopes that he will have it in his power to obtain the necessary reports and information upon the subjects to which it relates in time to transmit it by the packet, which will leave Jamaica on the 28th inst. I am to add that his Excellency will be very happy to receive any more detailed suggestions which the medical gentlemen may be disposed to offer in respect to the number of medical officers they may consider the Public Hospital and Lunatic Asylum, both when united, as at present, or when they shall be hereafter separated as proposed, to require. His Excellency will be equally happy to receive any suggestions tending to render the hospital more useful to the profession as a field of observation and inquiry. I have the honour, &c.,

H. W. AUSTIN, *Gov. Sec.*

Copy of a Letter from DR. DUNN *to* MR. AUSTIN.

11, East-street, July 20th, 1859.

SIR,—I duly received your letter dated the 11th inst., and I beg leave to state, for the information of his Excellency the Governor, that I immediately submitted the same to the consideration of the several medical gentlemen of Kingston who with myself signed the memorial to the Colonial Secretary, complaining of the recent appointment of Dr. Osborne to the office of consulting surgeon to the Public Hospital. These gentlemen are unanimously of opinion, with myself, that the present state of the Hospital and Asylum demands a radical alteration and reform with regard to the limited staff of medical and surgical attendants on the inmates; but it would be now premature to enter in detail into the various suggestions which the faculty are ready to offer whenever the proper period arrives for the reception of their evidence.

It appears to be at present sufficient to state the basis on which it is desired to make these instituntions more useful than they have hitherto been as a field of professional observation and inquiry. The main object desired is to throw these establishments freely open to the whole medical profession, and to do away with the present anomaly of making them exclusively subservient to the interests of a few individuals. It is considered that such a change in the economy of the Public Hospital would be as beneficial to the public welfare as it would be fair and just to the members of the medical profession. In reference to the Lunatic Asylum, when separated from the Public Hospital, we are of opinion that its medical management should be entrusted to a practitioner whose experience in a similar institution in England or elsewhere would ensure every benefit to its unhappy inmates. I would beg leave again to urge upon his Excellency the expediency of reconsidering the grievance of which the memorialists complained—viz., the appointment of Dr. Osborne to the high and responsible office of consulting surgeon to the hospital—an appointment which is still regarded by the profession and the public as a degradation to the whole medical faculty, unfair to the sick poor, and unjust to the taxpayers who support the various charities of the country; and I would most respectfully state, for his Excellency's information, that I and the several gentlemen who have signed the memorial to the Colonial Secretary praying for redress against this wrong inflicted on the profession, will be happy to learn that his Excellency will see fit to entertain our remonstrance—that he will take a high conception of the duties and obligations of our profession, and that he will lend all the aid and influence which appertain to the high and distinguished position of the Queen's representative to support the views which we have respectfully but firmly expressed, and that he will forward the object of our wishes when the whole matter is submitted to her Majesty's Government.

I have the honour to be, &c.,

H. W. Austin, Esq., *Gov. Sec.* ANDREW DUNN.

On the 25th of October, 1859, the following was received:—

Gov. Sec.'s Office, King's House, Oct. 24th, 1859.

SIR,—The Governor desires me to state, for your information and that of the four other medical gentlemen in the city of Kingston who addressed to the Secretary of State a memorial, dated July 8th, remonstrating against the appointment of Dr. Osborne to the office of consulting surgeon to the Public Hospital and Lunatic Asylum, that his Excellency has received from his Grace the Duke of Newcastle the following instruction:—

"I have to request that you will cause these gentlemen to be informed, in reply, that I have not found any reason for interfering with the discretion which you exercised in selecting Dr. Osborne for this appointment."

I have the honour to be, &c.,

H. W. AUSTIN, *Gov. Sec.*

Correspondence.

"Audi alteram partem."

IRIDECTOMY IN GLAUCOMA.

To the Editor of THE LANCET.

SIR,—I was about to make some remarks on Mr. Hancock's new operation for the cure of glaucoma, which is characterized in THE LANCET of Oct. 29th as an improvement upon De Gräfe's operation by iridectomy; but owing to the interest which that subject excites at present amongst ophthalmologists, I was sure that men of greater authority than myself would reply to it. And, indeed, I was not mistaken; for in THE LANCET of Nov. 19th I find two letters on the subject, one from Mr. Hulke and another from Mr. Hildige. But as these gentlemen did not state the case fully, and as my views differ somewhat from theirs, I may be permitted to state them briefly.

I quite agree with Messrs. Hulke and Hildige that the age of Mr. Hancock's patient, as well as the history and symptoms of the case, exclude it from the category of glaucomatous affections. It looks more like the residuum of an old trauma. It is equally true that twelve days' cessation of symptoms does not warrant the proclamation of a cure. And, moreover, paracentesis is no new procedure; it has been tried by Desmarres and by Gräfe himself, and their experience proved that it is always followed by instantaneous relief, but there is almost always a récidive after three or four weeks.

In speaking to De Gräfe lately upon the relative merits of paracentesis and iridectomy, he told me that, now-a-days, it must be considered as a (kunstfehler) blunder in surgery to lose time in trying paracentesis, as in his extensive practice he had succeeded only in two cases in effecting a permanent cure, the others being followed by a récidive. (See *Archiv.*, vol. iii., part ii.) Whilst I agree, therefore, with the remarks on the proposed new (!) operation, I differ from those gentlemen when they wish to imply that iridectomy is an unfailing remedy for glaucoma, and that the principle upon which it is based is a sound pathological principle. The experience of Desmarres and Sichel, who number about 300 eye patients, clearly proves that iridectomy is sometimes followed by a récidive as well as paracentesis; but generally it proves successful. The operation is only two years old, and consequently has had no time to establish its claims. It is to be regretted that scientific writers should be so vague in their statements, instead of laying before the profession statistics of the cases cured, &c.

With respect to the principle, it may perhaps be too strong to say, with the editor of Druitt's Surgery, that it is an empirical plan based upon no principle; for the pathological anatomy upon which De Gräfe bases his operation is clear and plausible enough; yet there is room for doubt as to its soundness. It may be stated in the following sentence:—"I take acute glaucoma to be a choroiditis, or an irido-choroiditis, with an infusion into the vitreous and aqueous humours, the augmentation of which causes an intra-ocular pressure, thus producing excavation of the optic nerve and irido-plagia. The irido-plagia is caused by the pressure upon the ciliary nerves in their passage to the iris. Hence, also, anæsthesia of the cornea, &c."

The implication of the ciliary nerves in this affection plays too important a part to be overlooked. Tavignat ("Traité Clinique des Maladies des Yeux") thinks the origin of glaucoma to be a deep-seated *perturbation* of the ciliary nerves. This theory is in harmony with the experiments of Magendie on the important action of the fifth pair upon the organ of vision. There is besides the short root of the third nerve, which supplies the sphincter iridis through the ophthalmic ganglion, which is injured by that intra-ocular pressure. But De Gräfe makes the choroid the starting-point of the disease. Now finding that iridectomy produced good results in chronic iritis, in irido-choroiditis, and even in certain forms of sclerotica choroiditis, he tried it also in glaucoma, with the best results.

Yet it is not quite apparent how the excision of a portion of the iris relieves and cures the train of those distressing symptoms. The iris, it must be remembered, is not the cause of the tension, neither is that membrane inflamed, but, on the contrary, it is atrophied to such an extent that it is difficult to seize it with the forceps for excision. The iris, in short, is dwindled down to its minimum in this affection. By removing the iris, therefore, we do not remove the cause of the disease,

but we relieve the tension. Now the cause not being removed, and the humours continuing to augment, the intra-ocular pressure is of course re-established, and all those symptoms, with excavation of the optic nerve, &c. &c., must be re-established as well. In short, whilst the principle upon which De Gräfe's operation is based is not quite clear, yet the operation itself must in the mean time be considered as the best at our command, until more light is thrown upon the pathological anatomy of glaucoma, to enable us to meet it by a rational system of medical treatment.

I am, Sir, yours obediently,

Paris, Dec. 6th, 1859. J. R. WOLFE, M.D.

BLOODLETTING IN ACUTE HEPATITIS.

To the Editor of THE LANCET.

SIR,—On a former occasion, I narrated in THE LANCET a case of acute hepatitis having been cured by large bloodlettings from the arm. It may, therefore, not be out of place to record another case, where bloodletting, leeching, and purgation entirely failed to effect a cure:—

In March, 1854, Mrs. D——, an elderly lady, and patient of mine, was taken seriously ill of acute hepatitis, for which she was bled, leeched, and purged, with speedy relief to all the more acute symptoms; but was not salivated, though I earnestly besought her to take the medicine till this effect was produced, and also predicted to her that chronic inflammation would go on, with all its attendant miseries; still she obstinately refused to take "mineral," and made what I may term a sort of recovery without it. However, about two months afterwards, my patient had become so ill that I was again requested to visit her. I recommended a course of mercury, with blisters over the region of the liver. The blisters were had recourse to, but the mercury she refused to take. I therefore, from this time till the month of November, 1854, tried all the various medicines supposed to act as substitutes for mercury in diseases of the liver, but to no good purpose, for my patient grew gradually weaker, till, at length, she was necessitated to keep her bed. The case had now assumed so grave an aspect, that I requested a consultation, which was reluctantly granted. Consequently, on the 17th of November, my friend, Dr. Hunter, from Glasgow, met me in consultation. He recommended calomel, in ten-grain doses, every third, fourth, or fifth night, according as I might think proper. It was therefore given every fourth night; and as the first dose did not act sufficiently on the bowels, I combined it afterwards with scammony. After the fourth dose had been taken, the gums became tender; the medicine was therefore discontinued for about ten days, after which it was resumed, with a seidlitz powder in the morning, till the system was again fairly under its influence. Our patient having by this time got so much better in health, —the liver also, which, before the mercurial course, was much enlarged, having returned to nearly its normal dimensions,—the calomel was discontinued, and a tonic substituted. I have only to add that our patient was about six weeks in going through the mercurial course; that the blisters were repeated over the hypochondriac region during that time; and also that, about three months after I ceased to attend the patient, I met her, when she told me she had not been in better health for years. She is still living, and in good health. Her plea for refusing to take mercury was, that a brother of her own had been nearly killed by it; this statement must, of course, be taken *cum grano salis*.

I remain, Sir, your obedient servant,

Blantyre, Dec. 1859. T. DOWNIE, L.F.P. & S. Glasg.

GOUT AND ITS CAUSES.

To the Editor of THE LANCET.

SIR,—In a work written in 1804 by Dr. Thomas Garnett, of London, entitled "Popular Lectures on Zoonomia, or the Laws of Animal Life in Health and Disease," I find the following remarks on Gout:—

"The gout seldom occurs but in those who have for several years lived upon a full diet of animal food, often highly seasoned, and at the same time been in the habit of taking daily, or very constantly, a greater or less quantity of fermented liquors, either in the form of wine or malt liquor. This disease is seldom known to attack persons employed in constant bodily labour, and who live temperately, and is totally unknown to those who use no wine or other fermented liquors. I believe there never was an instance of a person having the gout who totally abstained from every form of alcohol, however he might live in other respects; and I doubt if ever the gout returned after a person had abstained from fermented or spirituous liquors for two years. There seems to be something in alcohol which peculiarly brings on this state of the constitution; and without it, it would seem that gout cannot be produced. Here, then, is an effectual method of curing the gout, which will no more return, if strictly persevered in, than the small-pox will attack the constitution after inoculation."

Nearly thirty years' experience and observation have convinced me that Dr. Garnett was quite correct in his observations as to the cause and cure of this painful malady; and my object in now writing is to inquire if any of your numerous readers can inform me if they have ever met with a case of gout in a person who totally abstained from every form of alcohol, or was not perfectly cured by abstaining from the same for two years. When I say gout, I do not mean rheumatism. Charles Dickens, in *All the Year Round*, in an article on "Good Qualities of Gout," says—"A variety of endeavours have been made to define the difference between gout and rheumatism. Thus, gout is rich man's rheumatism, and rheumatism is poor man's gout, which is good only as a figure of speech. Another: put your toe in a vice; turn the screw till you can bear the pain no longer; that's rheumatism. Give the screw one turn more; that's gout." The same writer says—"But men who have lived soberly and temperately all their lives have, nevertheless, had gout, from their gontage till the close of their allotted term." Again—"One of our most esteemed medical classics has written, that when once gout has got hold of your system or your family, take all the precautionary measures you may, you will have gout now and then, especially towards the close of winter." I do not believe it, and am quite convinced that alcohol is the cause, and abstinence from it the sure cure, of gout.

I am, Sir, your obedient servant,

L. M. BENNETT, M.R.C.S.

Winterton Brigg, Lincolnshire, Dec. 1859.

SUPPLY OF WATER TO TOWNS AND VILLAGES.

To the Editor of THE LANCET.

SIR,—A letter appears in your journal of Nov. 26th from Dr. Plomley, of Maidstone, on the supply of water to towns and villages, and your opinion is solicited on the effect produced by hard or soft water on the health of the users. The Doctor has also thought proper to call in question a decision of a Committee who were appointed in Maidstone to inquire into the best means of supplying that town with water. He condemns their recommendation of chalk water, which he describes as unwholesome and useless. And believing you would be unwilling to express any opinion until in possession of some information from the other side, you will, I trust, excuse my troubling you with some explanations; and I feel the more bound to do this, from the fact of having given to the Committee the evidence with regard to temperature, which the Doctor would induce you to believe to be so wonderfully erroneous.

The duty of the Maidstone Committee was, to consider what, under all the circumstances, was likely to prove the least objectionable of such sources of water supply as were within the reach of that town. There are but three sources available—water from the river Medway, from the green sand formation, or from the chalk.

The Medway is navigable for about twenty miles above Maidstone by a series of locks. The condition of the water is very various, at times being pretty clear, and at other times loaded with loamy mud, some of which Dr. Plomley has admitted that by no amount of filtration could be separate.

Tunbridge, Hadlow, Yalding, and other places, drain altogether, or in part, into this water. It also receives the surface drainage of perhaps the most highly manured land in the south of England—namely, the hop gardens, extending for some miles on the banks of this river, which is the highway for barges laden with London muck, and, in the season, with tons of decomposing sprats. In summer and autumn, it forms the bathing-place of numbers, and during hopping-time is the general washtub of a very large number of London's poorest outcasts; and, from all the Committee could learn, there is no authority to prevent the river being used as a sewer by any one setting up works on its banks.

To the green sand formation water there is but little objection, beyond the doubt as to the quantity that could be ob-

tained, and also as to any large quantity being obtainable from a well free from iron.

From the chalk, we have but two objections: the first is, a risk of being able to obtain the quantity required; the second is, the hardness of the water. Contractors stand ready to guarantee against loss in proving the former; and Dr. Clark has proved that water from this source can be reduced to three degrees of hardness by his lime process.

With these facts before them, I trust you will see that the Committee are less in error than Dr. Plomley would have you to believe. And now a word about the evidence in which the Doctor tries to make it appear that I stated water was altered in its chemical composition by being raised in temperature to 70° or 75° Fahr. I have failed to find any member of the Committee, except Dr. Plomley, who understood my evidence in the light he has been pleased to place it. I quite admit that the words used could be wrested to this construction, because in speaking of the river-water I spoke of the water *and what it contained, either mechanically suspended or in chemical combination*, as ONE THING—namely, water; and everyone but the Doctor appears to have understood what I intended to show—namely, that matter in the water at a temperature so high as 70° to 75° underwent such a change as to cause a difference in the chemical composition of that which I have explained as being spoken of as water, and which practically would be used as water by those who consumed it.

However much Dr. Plomley may relish water from a source so indelicate as I have shown the Medway to be, yet the people of Maidstone have not declined this questionable source of supply without having some reasons for classing it amongst the "impure," if not unwholesome, waters; and it is such as they will, I believe, never be induced to use, if they can obtain a supply of clear, cool, and wholesome softened chalk water from a source far removed, as it is, from the possibility of deterioration from any of the works of man.

I am, Sir, your obedient servant,

Maidstone, Dec. 1859. JOSEPH BARLING.

VALUE OF MEDICAL ADVICE.

To the Editor of THE LANCET.

SIR,—Is professional advice an exception to the general rule, that the value of every commodity is determined by the cost of its production? If not, professional advice ought to be more highly esteemed than it was by Dr. Paley. Let the cost be counted of the education which enables the professional man to give advice. Consider the three faculties of Law, Physic, and Divinity; the scholastic foundation, the collegiate course, the time and experience required to perfect and utilize the previous studies, and then count the value of the advice by the cost of the indispensable acquirements. It is an easy matter for a lawyer to give a legal opinion, a physician medical advice, or a clergyman to offer the consolations of the Gospel: it costs little at the moment, however much it may have cost before; but let a layman, unskilled in the science of law, physic, or divinity, essay to advise in either case, and he would feel at once his utter inability. People in general are long-sighted enough where their own interests are concerned, but remarkably short-sighted in regard to those of others. Hence it is that professional advice is so eagerly sought for, and so niggardly remunerated and ungratefully acknowledged.

There is another cause for this public undervaluing of professional advice which exists in our faculty—the small respect professional men pay to the opinions of each other. Of this we have had deplorable examples in a recent trial for murder by poisoning. One set of medical and scientific men, by patient observation and careful investigation, arrive at a definite conclusion; another set of medical and scientific men start up and endeavour to upset, on theoretic grounds, without one particle of direct evidence, the deliberate opinion of those who have had every opportunity of forming a sound judgment. Between this conflict of opinion, the prisoner escapes; but not so the profession—"*the imperfection of medical science*" is made the plea for his pardon. The public is ready enough to take advantage of such an exhibition of professional discrepancy, and to ask, "What value can we attach to any medical opinion which is so lightly esteemed and positively contradicted by members of their own body?"

Next in order, if not in its injurious tendency, is the violence done to medical science by what may justly be termed absurd and extreme modes of practice, doing violence to every principle of scientific and rational medicine. It is this that opens the door to every species of quackery, and occasions the taunt, "when you are agreed amongst yourselves as to your methods of cure, we (that is, the public) shall have confidence in your dogmata." A proper degree of latitude in opinion is quite compatible with general agreement; but extremes destroy all public confidence in a science which admits of such discrepancies. The reverse of what Celsus says, has become the practice: "Sanguinem, incisâ venâ, mitti non novum est, sed nullum pœnè morbum esse, in quo non mittatur, novum est." Brandy and bottled stout have superseded the lancet; and homœopathy has risen upon the ruins of calomel and the black draught. Your powerful pen may restrain this suicidal tendency in the profession, by saying to one and all, "In media tutissimus ibis." I am, Sir, yours &c.,

December, 1859. MEDICUS.

MANUFACTURED PASTEBOARD SPLINTS.

To the Editor of THE LANCET.

SIR,—It surprised me to read, in your last week's number, that this method of treating fractures was considered new. I can only state, to prove such is not the case, that for years past the pasteboard system, as described by Mr. Acton, has been adopted in the Southern and other hospitals in Liverpool. I may add, that I never treat an ordinary fracture in any other manner, and I have always had the satisfaction to find that my cases did better than those treated on the old system. Some of your readers may not have forgotten a recent trial—Haines *v.* Garland—in the Yeovil County Court. In that instance, the case was treated with pasteboard splints and starch. I believe you will find the inventor to have been Mr. Jos. Churton, of Waterloo, near Liverpool, and not M. Merchie, as stated by Mr. Acton.

I am, Sir, your obedient servant,

E. C. GARLAND, M.R.C.S., &c.,
Late Senior House-Surgeon, Southern Hospital, Liverpool.

Silver-street, Yeovil, December, 1859.

To the Editor of THE LANCET.

SIR,—Feeling interested in the observations of Mr. Acton at the close of the meeting of the Royal Medical and Chirurgical Society on manufactured pasteboard splints (reported in your impression of last week), I beg to offer a few remarks on the subject, as these appliances are by no means new to me.

In 1813, Mr. Hammond, of Southgate, (whose assistant I then was,) always used manufactured pasteboard splints; and during a practice of forty years I have been in the habit of using splints consisting of millboard, cut in various lengths—viz., straight for the arm, bent for the forearm, thigh, and leg, proportionately wider at one end than the other. I keep them of all lengths, and, after reducing the fracture, measure the splints to the limb, soaking them in vinegar-and-water until they are quite pliable; when, if a simple fracture, I get a person to hold the limb straight, and apply a bandage moderately tight, and then place a moist splint on each side of the limb, applying a bandage over them, so as to bring them into the exact shape of the member, and in less than half an hour the splints become as firm as before they were wetted, and keep the limb in its proper position. In a case of compound fracture, I use no inner bandage, but apply the moist splints, so as to expose the wound, on some occasions cutting a piece of the millboard away; and I have seen no instance where the board irritated the skin. I may observe, it is of importance to turn out any corner of the millboard, before it dries, likely to press on the joint.

I have attended many cases in this manner, not one of which has ever been misshapen or contracted.

I remain, Sir, your obedient servant,

Highworth, Wilts, Dec. 1859. CHARLES SMITH, L.S.A.

To the Editor of THE LANCET.

SIR,—When Mr. Acton brought before the Medico-Chirurgical Society some pasteboard splints, and stated that they had never before been made in London, he was labouring under an extraordinary error, as the same kind of appliance has been extensively used for several years. By simply visiting the surgical wards of St. George's Hospital, he would have found a large number of pasteboard splints applied to the various cases of fracture submitted to the care of the surgeons of that institution. The peculiar claim Mr. Acton advances as giving "pasteboard splints" advantage over any other kind, is their apability of being supplied ready moulded. But this does not

alone apply to the material he advocates; for during the late Crimean War, I constructed, at the request of Government, a large number of splints, ready shaped, the substance of which they were made being gutta-percha.

Prior to adopting this material, I employed pasteboard; but fearing it might fail if brought into contact with damp, I abandoned it. The gutta-percha was supplied with minute perforations, so that the limb might be kept cool, and the perspiration allowed to pass if necessary. These splints could also be washed and re-applied, hence securing an amount of cleanliness not possessed by pasteboard.

I greatly regret the rules of the Medico-Chirurgical Society which prohibit any but medical men becoming members, as there cannot be the least doubt but that the time of its meetings would be greatly economized were one of its number so qualified as to be capable of stating, *when referred to*, what mechanical advantages pertained to any invention brought before the notice of the Society, and how far its claims to novelty were entitled to be respected. An educated and experienced surgical mechanist could at once inform the members of the Society whether any new features, of a strictly mechanical character, were established by the contrivance brought before them, thus greatly enhancing the value of any after-discussion of its merits. This suggestion equally applies to the various medical societies of the metropolis. I leave, however, to abler and better judgments than mine the decision of such a point, an idea of its importance having simply arisen in my own mind by finding Mr. Acton introducing an old-fashioned plan as an unknown and novel invention.

I am, Sir, your obedient servant,

Leicester-square, Dec. 1853. HENRY HEATHER BIGG.

MEMBERS OF THE LONDON COLLEGE OF PHYSICIANS AND GRADUATES.

To the Editor of THE LANCET.

SIR,—The London College of Physicians having thrown open its gates to all graduates to enable them to become fully qualified physicians, allow me to ask whether the Universities intend to show an equally liberal feeling towards the undergraduated physicians, so as to enable them to become fully-qualified doctors? The College appears to be taking very great care of the M.D.s, while many of its own members, who have undergone an equal examination, are left unprotected by the single qualification. It would have been far more just, on the part of the College, to have entered into an arrangement with some University, (of an equal standing,) in order that the double qualification should be held by all those who are practising as physicians. No member of the London College can be expected to undergo two examinations, while the graduates only pass one examination to obtain the double.

I am, Sir, your obedient servant,

December, 1853. A LOVER OF JUSTICE.

MEDICAL TRIALS.

VICE-CHANCELLORS' COURT, DEC. 2ND.

(Before Vice-Chancellor Sir J. STUART.)

GILES *v.* HART.

THIS was an action for an injunction to restrain the defendant from practising as a surgeon and apothecary, or as a surgeon, or from acting as a physician, in the town of Great Coggeshall in Essex, or within five miles thereof, during the plaintiff's life. In April, 1854, the plaintiff, who then carried on and now carries on business as a general practitioner at Great Coggeshall, engaged the defendant as his assistant at a salary of £80 per annum; and by an indenture which was then entered into between the plaintiff and defendant, the latter covenanted that he would during such time as the plaintiff should carry on his before-mentioned business, or until the indenture should be determined by notice, as thereby provided, act as the plaintiff's assistant in his business at the before-mentioned salary, and that he (the defendant) would not, "whether such indenture should be in other respects determined or not," act as the assistant of any other medical practitioner, or, either by himself or in partnership with anyone else, carry on business as a surgeon and apothecary, or as a surgeon, nor act as a physician, in Great Coggeshall, or within five miles of that place. The deed contained a power for the plaintiff or defendant to determine the indenture by giving one calendar month's notice in writing, subject, nevertheless, and without prejudice to any right of action which might accrue to the defendant by virtue of the before-mentioned indenture, and for the true performance of the covenant therein contained, on the part of the defendant, not to act as an assistant, or to carry on the business of a surgeon and apothecary, or act as a physician, within the town of Great Coggeshall or within five miles therefrom. The defendant acted as the plaintiff's assistant up to the 11th of last month, when he discontinued doing so in accordance with a notice dated on the 11th of October, and he had, as alleged by the plaintiff, set up in business as a general practitioner on his own account in Great Coggeshall. The object of the present motion was to restrain his doing so.

Mr. Malins and Mr. W. Forster were in support of the motion.

Mr. GREENE and Mr. HARDY, for the defendant, said that that gentleman had signed the deed of April, 1854, in ignorance of its real provisions, and that the plaintiff ought first to establish his right at law before seeking relief in a court of equity.

The VICE-CHANCELLOR said that the case was a very clear one. Although there might be inconvenience in restraining a particular individual from practising a certain trade, the law upon that head was too well established to make it possible for him not to give effect to the covenant in question. There would, therefore, be an injunction, as asked, until further order.

SHERBORNE COUNTY COURT.

WHITE *v.* GAME.

THE plaintiff, a surgeon of Sherborne, claimed £1 6s. for medical attendance. The defendant lives at Caundle Marsh. Just as the plaintiff was about to state his case, his Honour asked him if his name was upon the Register, and if he had procured a copy of it. The plaintiff replied that his name was on the Register, but that he had not got a copy. His Honour said that by a recent Act of Parliament the name of every medical practitioner must be upon the Register. A copy of that Register could be tendered as evidence in any court of law, and without it he could not hear the case; for the Act expressly states that "No person shall be entitled to recover in any court of law unless his name be upon the Register." The case was, therefore, adjourned at the plaintiff's expense.

NEW POLYTECHNIC INSTITUTION.

A CITY public meeting was held last Wednesday, at the London Tavern, Bishopsgate-street, in order to facilitate the completion of the above Institution; Samuel Gurney, Esq., M.P., in the chair.

The Hon. Secretary, Mr. JOHN WYNNE, read the notice convening the meeting, after which letters of apology, expressing the writers' approval of the object of the meeting, from Mr. Russell Gurney, and others, were read.

Mr. GREATREX read the report of the Committee appointed at the meeting held at Willis's Rooms on the 12th of August last, from which it appears that it is proposed to form a company on the joint-stock principle, with limited liability, with a capital of £20,000, of which only £14,000 need at any time be called up (unless under some great emergency). It is felt that this would be amply sufficient, and that even on the assumption that the receipts for admission of the public to the new Association do not exceed those of the old Society, an ample dividend would be payable to the shareholders.

A report was then read by the Rev. J. B. OWEN in explanation of the reasons which had induced the promoters to invite the attendance of the public on this occasion, which put forth the following statements:—

"The old Polytechnic, unhappily, is now defunct. Its doors continue open only for a few weeks longer, pending the settlement of its affairs and the final disposal of the property.

"The original founders chiefly aimed at establishing a sound model institution of a national character, with a view to co-operate with the mechanics' institutes and other kindred societies, then rapidly multiplying throughout the provincial towns of the United Kingdom. To such institutions the close of the Polytechnic would be the loss of a pattern and coadjutor, and operate as no ordinary discouragement to the friends of such useful efforts throughout the country.

"The Institution has created and extended a public taste for scientific knowledge by its popular lectures and experiments, and charmed its visitors, both young and old, by a

constantly diversified series of beautiful dissolving views, the largest in disc, and most brilliant in effect, of any ever exhibited in similar institutions in Great Britain or on the Continent.

"A quarter of a million of paying or gratuitous visitors has been the average number of attendants annually on its performances, from the period of its commencement; nor is the public interest in them materially diminished.

"A striking feature of great practical value to the young men of the metropolis the Institution presents in its evening classes. These impart instruction in a more systematic shape, in natural philosophy, drawing, languages, and general literature, at the moderate charge of 5*s.* per term, most liberally accepted by their respective professors, whose services have been gratefully appreciated, and an average of 700 students per term have availed themselves of the privilege. Above fifty pupils, from the instructions received here, obtained appointments in the Government departments and the service of railway companies, many of whom have since attained considerable reputation in their callings. 103 naval officers have obtained certificates of efficiency in steam practice from their studies at the Polytechnic. The pupils have always borne off prizes and honorary distinctions at the Royal Society of Arts. At that Society's examination at Christmas last, out of twenty-nine Polytechnic pupils who contended for its certificates, four obtained those of the first class, four of the second class, and thirteen of the third class. Two obtained money prizes, and one money prize was awarded to the Institution. During the first two years of the working men's lectures, on Saturday and Monday evenings, admitted at half price—namely, 6*d.* each,—between 60,000 and 70,000 working men and their families attended.

"The question to-day is, Shall there be no longer a Polytechnic? The old Institution has reached its crisis, and exists no longer. Having exhausted its original capital in the purchase of the lease, in erecting the fine commodious building, and in the costly compilation of its very extensive apparatus and machinery, when a large demand was suddenly made upon its resources, in consequence of the lamentable accident in January last, there were no available funds to meet the emergency."

The CHAIRMAN said that after the report which had been read, he was sure everyone must be aware of the absolute necessity of resuscitating the Polytechnic. He wished that, instead of one, there were fifty such institutions in London. He could not believe there would be any difficulty in raising the funds required for so great a moral achievement.

Mr. JANSON ably showed the rational prospect of this turning out even a good commercial undertaking, and showed that there were much higher considerations which entered into the movement.

The Rev. Mr. OWEN stated that they had now 835 shares taken—£435 in donations. The value of the shares being taken at £5854, made a total of £6299. The object was to raise £8000, with which the Committee would feel themselves justified in entering into a contract. £8000 would be the minimum, £14,000 the maximum absolutely required.

Mr. PAYNE moved, and Mr. WEBSTER seconded, the resolution referring to the formation of the company as to capital, &c., and emphatically dwelt on the blessings which such an Institution was calculated to dispense, by promoting the great cause of education.

Mr. R. HANBURY, M.P., moved, and Sir C. ROWLEY seconded, the second resolution, nominating certain noblemen and gentlemen as the provisional committee.

The Rev. CHARLES MACKENZIE, the great champion of the young men's evening classes, supported the resolution with his wonted ability.

The proceedings, which were marked by perfect unanimity, closed with a vote of thanks to the Chairman, proposed by Mr. MAXWELL, and seconded by Mr. GAUSSEN, of Regent-street.

The Chairman briefly replied. The names of those willing to take shares were taken down, and the meeting separated.

INJECTION OF CONGENITAL CYSTS OF THE NECK WITH IODINE.—At the last sitting of the Société de Chirurgie, M. Boinet related particulars of the success of M. Roux, of Toulon, in treating multilocular cysts of the neck by puncture and injection of iodine. The patients were newly-born infants, and the success highly encouraging. Since, however, children may readily attain the age of three or four years with these cysts without suffering, there are many reasons for postponing the operation. If the tumour causes inconvenience, occasional capillary punctures will give relief meantime.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College, at a meeting of the Court of Examiners on the 2nd inst.:—

ANDERSON, ALFRED, Manchester.
BLACKBURN, JOHN, Barnsley, Yorkshire.
DRURY, JOHN THOMAS COCKIN, Doncaster.
EDGE, STONARD, Exeter.
FOX, ALLAN NESBITT, Dublin.
GODWIN, CHARLES HENRY YOUNG, Bishopstoke, Hants.
HESLOP, ARTHUR, Kirkby Stephen, Westmoreland.
KNIGHT, THOMAS, Brill, Bucks.
LANE, WILLIAM BEAMISH, Arlanstown, Kinsale, Cork.
MITCHELL, THOMAS CARTER, Bedford.
MORGAN, C. WILLIAM, Brisbane, Australia.
SMYTH, BRIER, Dublin.
THOMPSON, HERBERT, Westerham, Kent.
WINKFIELD, ALFRED, Bedford.

The following gentlemen were admitted members on the 5th inst.:—

ADDISON, WM. JOHN, Wigton, Cumberland.
ATWELL, GREGORY HAINES, Campden-hill-villas, Kensington.
BENNETT, GEO. JOHN, Gateshead.
BERNARD, JOHN CELESTIN, Trinidad, West Indies.
BOWEN, DAVID, Haverfordwest.
COOK, JOHN, Kentish-town.
COPP, HENRY BURTON PEARD, Kimbolton-road, Bedford.
DAWSON, GEO., Bishop Auckland.
DICKINS, FREDERICK VICTOR, Manchester.
FRANKS, JOHN, Sevenoaks, Kent.
FREEMAN, WM., Maldon, Essex.
GREENWOOD, NEWTON, Truro, Cornwall.
HORNIBLOW, WILLIAM ROBT., Shipston-on-Stour, Worcestershire.
HORTON, HENRY JAS., Fulham.
HUNT, THOS., Alfred-place, Bedford-square.
KITCHENER, THOS., Trinity-square, Borough.
MAWLEY, AUGUSTUS, Gower-street, Bedford-square.
MAYOU, GEO., Monmouth.
SHELDON, THOMAS.
SIMMONS, BENJAMIN, Hatfield, near Doncaster.
SMITH, WM., Aberdeen.
TERRY, JOSEPH GARSIDE, Wittersham, Kent.
WILLIAMS, ROBT., Liverpool.
WILSON, JACOB AFFRIATT, Sydney, Australia.
WOODHEAD, WM. COPLEY, York.

At the same meeting of the Court, Messrs. EDWARD TENISON RYAN, of H.M.S. *Pembroke*, and RICHARD EUSTACE, of Haslar Hospital, passed their examination as Naval Surgeons. These gentlemen had previously been admitted members of the College, their diplomas bearing date respectively August 9th, 1852, and October 28th, 1853.

The following gentlemen were admitted members on the 6th inst.:—

BOARD, EDMUND COMER, Bristol.
BOOTH, SAMUEL, Huddersfield.
BROSTER, JOHN, Chester.
FOSTER, THOMAS SHELDON, Carnarvon.
HORSLEY, HENRY, Croydon.
HUTCHEON, HENRY STONE, Aberdeen.
IRVINE, GEORGE RICHARD, Portsmouth.
KEARNEY, DANIEL, Madras.
LEE, LEONARD JOHN, London.
LLOYD, ALBERT, Bristol.
MICHELL, THOMAS, Redruth, Cornwall.
MILLER, THOMAS, Boyton, Suffolk.
MINNIECE, JAMES, Belfast.
MOORE, THOMAS, Hales Owen, Worcestershire.
MURRAY, WILLIAM, Durham.
NEESOM, JOSEPH, Bradford.
PELL, WALTON NETHERCOTE, Northampton.
POUT, FRANK, Yalding, Kent.
RICKARD, HENRY, Plymouth.
THOMAS, JOHN RICHARD, Dublin.
TROTTER, CHARLES JOHN, Holmfirth, Yorkshire.
WALLIS, RICHARD STEPHENS, Birmingham.
WITHER, FRANCIS ORDE BIGG, Madras.

APOTHECARIES' HALL.—The following gentlemen passed their first examination on the 1st of December, 1859:—

BOWSTEAD, ROWLAND MOUNSEY, Caistor, Lincolnshire.
ORTON, THEODORE, Littlebourn, Kent.

UNIVERSITY OF LONDON.—The following is a list of candidates who passed the M.D. examination in 1859:—

First Division.

CARPENTER, ALFRED, St. Thomas's Hospital.
COUSINS, JOHN WARD, ditto.
DOWN, JOHN LANGDON HAYDON, London Hospital.
FOSTER, MICHAEL, B.A.; University College.
GILES, SAMUEL, B.A., Guy's Hospital.
HARDWICK, ROBERT GEORGE, Leeds School of Medicine.
LAWRENCE, GEORGE WILLIAM, King's College.
LEWIS, THOMAS, University College.
MEERES, EDWARD EVAN, King's College.
NEWMAN, WILLIAM, St. Bartholomew's Hospital.
WILKINSON, RICHARD, King's College.

BACHELOR OF MEDICINE.—EXAMINATION FOR HONOURS.—*Physiology and Comparative Anatomy:* W. M. Crowfoot, St. Bartholomew's Hospital (University Medical Scholarship and Gold Medal); Joseph Raymond Gasquet, University College (Gold Medal); Edmund Symes Thompson, King's College; Walter Moxon, Guy's Hospital; Wm. Edward Robbs, King's College.—*Surgery:* W. M. Crowfoot, St. Bartholomew's Hospital (University Medical Scholarship and Gold Medal); Matthew Berkeley Hill, University College (Gold Medal); Edmund Symes Thompson, King's College; Walter Moxon, Guy's Hospital; Charles Hayes Marriott, University College; Philip Sydney Jones, University College, and William Liddon, King's College (equal).—*Medicine:* E. S. Thompson, King's College (University Medical Scholarship and Gold Medal); William Edward Robbs, King's College (Gold Medal); Joseph Raymond Gasquet, University College, and Charles Hayes Marriott, University College (equal); Walter Moxon, Guy's Hospital; Philip Sydney Jones, University College; Matthew Berkeley Hill, University College; William Miller Crowfoot, St. Bartholomew's Hospital.—*Midwifery:* Wm. Miller Crowfoot, St. Bartholomew's Hospital (Gold Medal); Philip Sydney Jones, University College; Edmund Symes Thompson, King's College; Walter Moxon, Guy's Hospital; William Edward Robbs, King's College.

ROYAL INSTITUTION.—At the general monthly meeting held on the 5th instant—William Pole, Esq., M.A., F.R.S., treasurer and vice-president, in the chair—Thomas Richard S. Andrews, Esq.; George March Harrison, Esq.; Andrew Halley Knight, Esq.; Hon. Augustus Henry Vernon; Lachlan Mackintosh Rate, Esq., M.A.; Alfred Smee, Esq., F.R.S., and William Swann, Esq., were duly elected Members of the Royal Institution. The secretary announced that the following arrangements had been made for the lectures before Easter, 1860: Six lectures on the Various Forces of Matter (adapted to a juvenile auditory), by Professor Faraday, D.C.L., F.R.S., &c., Fullerian Professor of Chemistry, R.I.; to be delivered in the Christmas vacation, 1859-60. Twelve lectures on Fossil Birds and Reptiles, by Professor Owen. Twelve lectures on Light, including its Higher Phenomena, by Professor Tyndall. Ten lectures on the Relations of the Animal Kingdom to the Industry of Man, by Edwin Lankester, M.D., F.R.S.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—The following gentlemen will be balloted for at the meeting on the 13th inst.:—Richard Barwell, Esq., F.R.C.S.E.; Frank Chance, Esq., M.B., M.R.C.P.; Wm Howship Dickinson, Esq., M.B., M.R.C.P.; Edward Long Fox, Esq., M.B.; John McIntyre, M.D., L.R.C.S., L.S.A.; Henry Hunter Raymond, Esq., M.R.C.S.E.; Charles Williams, Esq., M.R.C.S.E.; Joseph Williams, M.D., M.R.C.P.

THE PORTSMOUTH, PORTSEA, AND GOSPORT MEDICAL REGISTRATION ASSOCIATION.—At a large meeting of the medical profession of Portsmouth and its neighbourhood, held Nov. 17th, it was determined to form a Society under the above title, and the following officers were elected for the ensuing year:—*President:* The Worshipful the Mayor of Portsmouth, W. H. Garrington, Esq.—*Vice-Presidents:* Richard White, Esq., and Samuel Irvine, M.D.—*Hon. Treasurer:* George J. Scale, Esq.—*Hon. Sec.:* James Greetham, Esq. The meeting then adjourned until Dec. 1st, when rules and bye-laws were adopted similar to those of the London Association, with which this Society intends affiliating itself. Above fifty members have already joined the Society.

APPOINTMENTS.—Robert Dundas Thomson, M.D., F.R.S.L. & E., has been appointed Physician to the Scottish Hospital, in place of the late John Scott, M.D., Physician to the Secretary of State for India in Council.

On the 1st of December, Henry Power, Esq., F.R.C.S., M.B. Lond., was appointed Surgeon, and James Rouse, Esq., Assistant-Surgeon, to the Royal Westminster Ophthalmic Hospital.

Mr. John Meaburn Bright was elected Resident Medical Officer to the Guildford Dispensary on the 1st instant.

VACCINATION.—The Supplement to Tuesday's "Gazette" contains an order, issued by the Lords of the Privy Council, prescribing regulations to be adopted in regard to vaccination. To secure the efficient performance of vaccination by persons with whom contracts are made, no person is in future to be admitted as a contractor or deputy of contractors for vaccination unless he shall possess the same qualifications as are required for a district medical officer. Instructions are given to vaccinators under contract. They are only to vaccinate subjects who are in good health, unless there be immediate danger of small-pox. Certain precautions are also to be adopted in regard to the lymph to be used; and certain signs are noticed to denote when the vaccination has been successfully performed. After a notification of the qualities required for public vaccinators, a list of places is given where vaccination is to be performed, and also of the names of public vaccinators, who are authorized to give certicates of proficiency in vaccination.

ROYAL SOCIETY.—A paper was read at this Society, on Thursday last, by Dr. Addison, "On the Effects produced in Human Blood-corpuscles by Sherry Wine;" and a supplement to a paper "On the Influence of White Light, of the different Coloured Rays, and of Darkness, on the Development, Growth, and Nutrition of Animals," was read by Mr. Dobell.

THE DANGER OF FLY-PAPERS.—Mr. Draper has found an average of 2·55 grains of arsenic, quite enough to destroy life, in each of the "*papier moure*" fly-papers. Hence they might lead to accidental poisoning of children, or serve the purposes of criminals.

DESCRIPTIVE ANATOMY POETIZED.—M. Michelet, in his new work, entitled "La Femme," thus describes the brain of an infant:—"The brain of a child one year old, seen for the first time, resembles a large and superb camellia, with its ivory nerves, veined with delicate rosy traces, and elsewhere of a pale blue. I say 'ivory' for want of a better term; it is an immaculate white." The author would be an attractive lecturer in an hospital school.

THE DEFORMED SKULLS AT WROXETER.—At the last meeting of the Ethnological Society, Mr. Wright announced his intention of exhibiting, at one of the meetings after Christmas, the deformed skulls found in the excavations at Wroxeter, which have already been the subject of much discussion.

MURDER IN A LUNATIC ASYLUM.—On Sunday week, one of the female patients in the Montrose Lunatic Asylum struck another female patient on the head with her shoe, which resulted in her death on Monday. The authorities have investigated the matter.

BOATING AT OXFORD.—Mr. COX, the Coroner to the University of Oxford, states the number of deaths at Oxford in connexion with boating at fifteen during the last thirty years. This is a smaller number than that usually credited to this cause; but even this figure might be considerably reduced by increasing the number of buoys along the river.

YELLOW FEVER.—The "Shannon" steamer has arrived from West India. Two deaths from yellow fever occurred on board. In the Governor's speech to the Legislature at Jamaica, he had alluded favourably to the large outlay needed for the repairs of the public hospital and new lunatic asylum.

QUARANTINE.—The "Times'" correspondent from Spain and Morocco gives a very lively picture of the absurd annoyances inflicted by the strict observance of quarantine regulations. The ship in which he voyaged had arrived from Gibraltar, where small-pox existed, but was confined to a few cases in the hospital.

HEIGHT OF THE HUMAN SPECIES.—M. Silvermann has been pursuing certain investigations into the height of males and females, from which he deduces a fanciful proof of the equality of the sexes. He arrives at a conclusion that the average height of the human race has remained unchanged since the Chaldean epoch, four thousand years ago.

INFANTICIDE IN TURKEY.—A rumour had prevailed that the historic but barbarous custom of not allowing any male children of the daughters or sisters of the Sultan to live was still in force in Turkey, and that it had been put in practice in the case of a late accouchement. This statement is now strongly denied on apparently good authority, and the custom is said to be abolished. Infanticide is stated to be very rare in Turkey.

A CAUTION TO SNUFF-TAKERS. — Lead poisoning by the use of snuff contained in leaden packages, or snuff-boxes lined with that metal, is a danger to which we have several times alluded. M. Wicke has found, by analysis, 0·951 per cent. of carbonate of lead in the mass, and 2·743 per cent. in the outer layer, of a sample which had been in contact with the metal.

A SKELETON IN SYCAMORE.—The "Sun" announces that Col. Phayre, Commissioner of Pegu, is about to present the King of Ava, amongst other gifts, with a full-length skeleton of the human body, carved out of sycamore in the most elaborate and artistic manner by Mr. Flower, Curator of the Hunterian Museum, at an expense of £1000.

CESSATION OF PLAGUE AT BENGAZI.—The last official report received at Malta states that no case of plague has manifested itself at Bengazi for two months.

A SURGEON'S FEE.—The "Examiner" relates the following little incident, communicated by a Monmouthshire correspondent:—A surgeon of provincial eminence was called to a poor woman in most urgent peril. Instantly, earnestly, and skilfully he stemmed the danger, rallied the terrified attendants, and rescued the poor creature from the jaws of death. She was saved, and, conscious of her narrow escape, as well as of the genuine humanity and kindness that had animated the surgeon's efforts, but with strength insufficient and feelings too deep for speech, she feebly raised her almost bloodless hands, and gently drawing his head down to her own—*kissed him.*

A detachment of the Medical Staff Corps at Chatham is under orders to proceed to China.

PREGNANCY OF THE QUEEN OF SPAIN.—The Madrid *Gazette* of the 27th ult. announces officially that the Queen has entered her ninth month of pregnancy, and that in consequence her Majesty has given 120,000 reals to charitable establishments, and had commenced visiting churches to offer up prayers for her safe delivery.

ARSENIC IN TURNIPS.—A needless alarm had been raised as to alleged absorption of arsenic by growing crops. Mr. Gibson has made some calculations to set this at rest. He says, supposing an acre of ground to yield twenty tons of swedes, and that three cwt. of superphosphate, containing ·01 per cent. of arsenious acid have been used, each hundred of roots would contain about half a grain of arsenic—a proportion of not more than ·000,006 per cent. Mr. Kennington, in repeating Dr. E. Davy's experiments, has found that watering plants—broccoli, cabbage, and lettuce—with cold saturated solution of arsenic, killed them. Plants, watered with diluted solutions, do not die; but he was unable to detect any arsenic in their tissues.

THE BONDAGE OF BAKERS.—The average health of these men is but one half that of other artizans. They work eighteen hours out of the twenty-four, chiefly through the night. Their per-centage of sickness is 70, as compared with brickmakers, 36; carpenters, 26; scavengers, 19; silk printers, 18 per cent.

CHOLERA IN ALGIERS.—It is stated that such has been the mortality from cholera amongst a small body of 400 artillerymen, who left Algiers a short time since for the African expedition, that, on the return of the company last week, only 256 had survived. Other departments have suffered equally, and the military hospitals at Algiers are said to be filled with returned invalids, of whose recovery small hopes are entertained.

RELATION OF COLOUR BETWEEN THE HAIR AND THE BRAIN.—M. Gubler is of opinion that there is a constant relation between the colour of the skin and of the cerebral matter. He says that he has thus been enabled to distinguish the brain of a negro amongst seven or eight others. This colour is not due to congestion, but to the presence of black granules of pigment, as in the choroid and black matter of the lungs. They are insoluble in strong acids, unlike those due to the presence of sulphates; and are especially observable in the Rachidian bulb and pons.

REVACCINATION: PRODUCTION OF A VACCINE PUSTULE ON THE NOSE.—M. Coste asks—If vaccine matter fails to produce a pustule on the arm, must it therefore fail elsewhere in the body? He relates that, having accidentally vaccinated his nose, he immediately vaccinated himself on the arm. The former produced a pustule; the latter failed. But then, that which succeeded was by a few moments anterior, therefore the experiment can only raise a doubt, which, in our opinion, it by no means satisfies.

DIAGNOSIS OF FRACTURE OF THE SKULL.—M. Bouvier publishes "Observations on Bleeding from the Ear," in which he concludes that it is not a certain sign of fracture of the skull after violence, but that a subsequent serous flow is decisive. The first conclusion has been anticipated by Mr. Prescott Hewett, in his Lectures at the College of Surgeons, who has shown that even the second sign may be deceptive in exceptional cases.

POISONOUS FOOD.—The inquest in the case of poisoning by sausages, at Kingsland, has been resumed. It had been stated that arsenic was used in their preparation. No confirmation of that statement was, however, given by the analysis; and it appears that this must rank amongst the cases of poisoning due to venomous putridity with the generation of *animal* poison.

ACKNOWLEDGMENT OF MEDICAL SERVICES IN ITALY.—Marshal Vaillant, who commands the French army left in Italy, has written a letter to the governor of Milan, wherein he offers his thanks to the Italian medical men who have lent such acceptable assistance to the French military surgeons during the late war.

ENGLISH PHYSICIANS IN PARIS.—The French medical papers, in reporting the meeting of the Paris Academy of Medicine of the 29th ult., state that the president announced that M. Markett, physician to St. George's Hospital, London, was present at the meeting. The secretary is also reported to have presented to the Academy, in the name of the same M. Markett, a copy of a work entitled "Medical Diagnosis." Judging from the hospital and the work, we are led to suppose that M. Markett is no other than Dr. *Barclay*, though it is difficult to imagine how "Markett" could have been put for "Barclay."

THE INFERIOR GRADE OF MEDICAL PRACTITIONERS IN FRANCE.—To show that this grade is not in great favour with medical students or their families, it may be stated that at the Faculty of Strasburg the number of students preparing for civil and military practice respectively, and aspiring to the degree of doctor, is this year (1859–60) two hundred and ninety; whilst those who are striving to obtain the lower grade are only *ten* in number.

THE MEDICAL BENEVOLENT SOCIETY OF PARIS.—We stated a short time since that an hospital physician of Paris, M. Gilette, had died of diphtheria, caught in the discharge of his duties. It is melancholy to add that this unfortunate victim of fearless devotion to his profession has left a widow and several children totally unprovided for. On hearing this circumstance, £40 was immediately sent to the lady by the Medical Benevolent Society, and another sum of £40 has been granted her by the Board of the Hospitals of Paris. These spontaneous acts reflect great credit on the Society and on the officials of the Board of the Paris Hospitals.

M. CLAUDE BERNARD'S LECTURES. — Magendie's successor, M. Claude Bernard, announces for this winter a course of lectures which will excite, both from the subjects and the high reputation of the professor, the most intense interest. The lectures, given three times a week, will be devoted to Experimental Pathology and Operative Physiology.

THE MEDICAL STAFF FOR THE FRENCH EXPEDITION TO CHINA.—Two chief physicians will command this staff—M. Durand of the Lyons hospital, and M. Giuliano of the hospital of Rome; and the bulk of medical officers will be divided as follows: 14 full surgeons (or physicians, as they are now called); 16 assistant-surgeons; 2 chief apothecaries, and 5 assistants: altogether 39 professional men, besides the regimental surgeons.

ACCIDENTS BY FIRE.—Numerous severe and fatal burnings and scaldings take place amongst poor children during the winter season, through being left by their parents in a room with a fire, *without a guard on the bars.* Coroners, in holding inquests on such cases, frequently express surprise that fires are so left, and children so exposed to danger. The poor, upon being questioned on the subject, say that they cannot afford to provide themselves with fire-guards. Some ladies in

Brighton have undertaken to supply poor families with suitable guards, upon receiving a written recommendation, subject to certain regulations. The address is to Mrs. Muzzall, 2, Waterloo-street North. The movement deserves commendation.

THE USEFULNESS OF ARTIFICIAL LIMBS.—A painfully interesting performance is shortly to take place at the Grand Opera of Paris. M. Roger, the celebrated tenor, who had last summer the misfortune to lose his arm in consequence of a gun-shot accident, will take a benefit, and will appear in fragments of his most favourite parts. The benefit will be supported by the most distinguished performers at present in Paris; and many people will, no doubt, be curious to see how far the skill of the maker of artificial limbs can overcome difficulties, and enable an actor, so sadly bereaved as M. Roger, to go through the principal part of an opera.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, DECEMBER 3RD.—The total number of deaths registered in London in the week that ended last Saturday was 1304, being nearly the same as that returned for the preceding week. In the ten years 1849–58 the average number of deaths in the weeks corresponding with last week was 1233; but as the deaths included in the present return occurred in a population that has increased, they should be compared with the average raised in proportion to the increase—namely, with 1356. The result is, that the deaths of last week were less by 52 than the number that would have occurred if the average rate of mortality for the end of November had ruled. The deaths from pulmonary diseases, exclusive of phthisis, declined last week from 314 to 284. Of these figures the chief constituent is bronchitis, which declined from 198 to 167. The mortality from small-pox slightly increases, for the deaths from this disease in the last three weeks were successively 29, 30, and 39. 11 of these 39 occurred to persons who were 15 years old and under 60. Mr. Mears, the Registrar of the sub-district of Waterloo, first part, registered a death from small-pox last week in Salutation-place, where he states that many cases have occurred. Scarlatina was fatal in 57 cases; diphtheria in 13. The former seems still to prevail much in Islington; there were also 4 deaths from it in Cripplegate; 7 in Mile-end Old Town; 4 in Rotherhithe. 10 children died from suffocation in bed, apparently by accident; 4 were murdered; 16 died from having been born prematurely. 6 nonagenarians appear in the returns; the oldest died at the age of 97 years.

Births, Marriages, and Deaths.

BIRTHS.

On the 25th ult., at St. James's-place, the wife of J. E. Stephens, M.D., of a daughter.

On the 25th ult., at Grafton-street, Bond-street, the wife of Edward Hamilton, M.D., of a daughter.

On the 29th ult., at Canterbury-row, Newington, the wife of C. W. C. Otway, Esq., F.R.C.S., of a son.

On the 5th inst., at Birtley Villa, the wife of Dr. G. Gibson, of a daughter.

MARRIAGES.

On the 23rd ult., at Salthouse, Norfolk, Walter Sumpter, M.D., of Cley-next-the-Sea, to Esther, second daughter of the late John Francis Johnson, Esq., of Salthouse, Norfolk.

On the 1st inst., at All Saints' Church, Prindsbury, F. J. Brown, M.D., of St. Margaret's Banks, Rochester, (late of Chatham,) to Harriet Landels, youngest daughter of John Shepherd, Esq., Deputy Storekeeper, Military Store Department, Upnor Castle, near Rochester.

DEATHS.

On the 30th ultimo, in London, aged 52 years, the Rev. Henry Hall Davis, eldest son of the late Dr. David Daniel Davis, Professor of Midwifery at University College, London. The deceased gentleman was possessed of great literary attainments. He leaves a widow, who will sincerely feel his loss.

On the 1st inst., at Queen-street, Edinburgh, James Andrew, M.D. Cantab.

On the 2nd inst., at Upper Gower-street, Bedford-square, John William Fletcher, Esq., F.R.C.S.E., late of the Bengal Medical Service, aged 41.

On the 3rd inst., at Amelia-place, Southgate-road, Eliza Maclurcan, aged two years and a half, youngest and only daughter of R. J. Black, M.D.

Obituary.

DR. JOHN POWER TRENCH.

IT is with regret that we record the death of Staff-Surgeon Dr. John Power Trench, on full pay, of the Army Medical Department, aged forty-one. His decease took place on the 1st inst., at Notting-hill. Dr. Trench entered the Medical Department on the 3rd of December, 1841, and served chiefly in the West Indies, Malta, and at Scutari. In Jamaica, in 1850, Dr. Trench remained to give his assistance in the formidable outbreak of cholera of that year, though on the eve of departure for England for the recovery of his health. At Scutari he was engaged in much of the surgery of the Crimean war, and his duties there and at Malta, connected with that expedition, were of the most arduous and responsible kind. Devoted to his profession, energetic, assiduous, and indefatigable in its duties and in the pursuit of knowledge, his health gave way; but it was only a few months since that he could be induced to relinquish work, and return to England. Possessed of acquirements and talents of no ordinary kind, estimable in all the relations of life, his family and friends have, in his death, to lament the premature loss of one in every way endeared to them; and the Medical Department will miss one of its most valuable officers.

MEDICAL DIARY OF THE WEEK.

MONDAY, DEC. 12	ROYAL FREE HOSPITAL.—Operations, 2 P.M. METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M. MEDICAL SOCIETY OF LONDON.—8½ P.M. Clinical Discussion.
TUESDAY, DEC. 13	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M. ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.—7½ P.M. Ballot.—8½ P.M. Dr. Habershon, "On the Etiology and Treatment of Peritonitis."—Dr. Tilt, "On the Influence of Tropical Climates on Inflammatory Diseases of the Womb."
WEDNESDAY, DEC. 14	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M. HUNTERIAN SOCIETY.—8 P.M. Dr. Peacock, "On the French Millstone-makers' Phthisis." NORTH LONDON MEDICAL SOCIETY.—8 P.M.
THURSDAY, DEC. 15	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M.
FRIDAY, DEC. 16	WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
SATURDAY, DEC. 17	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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To Correspondents.

Mr. Norway writes to us, expressing surprise that a letter addressed by himself and Mr. Collinson to *The Times*, which directly or by implication suggested to the public that their professional brethren were practising vaccination inefficiently, has called forth some remarks from a correspondent in this journal. Mr. Norway further complains that we have not republished the letter of himself and colleague. Is it necessary to remind Mr. Norway that the correspondent of whom he complains has done that which every member of the profession must approve—namely, he has brought back into a recognised organ of the medical body a discussion which was out of place in the columns of the daily press? How can the general public determine the difficult question whether the original vaccine virus has lost its virtue? This can only be settled by medical observations. If Mr. Norway has any facts or arguments bearing upon this hypothesis,—one with which the profession is very familiar,—let him submit them to those who are qualified to judge of their value.

L.R.C.P.—It is not yet known when the Commissioners will regulate the proceedings of the University. There can be no doubt, however, that the next examination in May will take place under the present system.

An Old Subscriber.—One stamp is sufficient.

Mr. Reuben Taplin, (Sheffield.)—Mr. J. W. Beaumont's little handbill is not creditable to him. The former house-surgeon to the Wakefield Dispensary should be above circulating such offensive announcements.

Dr. R. H. Bakewell.—It would answer no good purpose to open a controversy on the exploded subject of mesmerism.

Enquirer.—We have answered the question on a previous occasion. It can never be satisfactorily settled until a decision has been obtained in a court of law.

FIREPROOF FABRICS.

To the Editor of THE LANCET.

SIR,—It was not my desire to have troubled you again so soon; but I cannot resist making an observation on the subject of Fireproof Fabrics. When attending the Chemical Lectures of M. Thénard at the Sorbonne in Paris in 1829, the professor touched upon this subject, and produced a solution of phosphate of silica, in which he steeped a piece of muslin; this, being dried, was submitted to a flame, when it did not blaze, though the fabric was, of course, charred. M. Thénard said that the phosphate was decomposed by the heat, that the phosphoric acid was volatilized, and that a coating of silica remained.

Is it not strange that those who devote themselves to the exclusive study of chemistry should apparently be unacquainted with this, and that a question of which I knew the answer thirty years ago should now be brought forward as something new and unsolved? Verily I am not an old man; but I begin to feel myself a Nestor when I see so much ignorance of what is passed. Perhaps, however, the name of M. Thénard is now also unknown!

I remain, Sir, yours faithfully,

London, December, 1859. VIATOR.

*** The idea of rendering articles of clothing, curtains, and bed-furniture incombustible has constantly engaged the attention of chemists. In addition to the instance quoted by "Viator," we remember that Professor Brande was many years ago in the habit of illustrating in his Lectures this subject by experiment; and about fifteen years back a company was projected, having for its object the application of patent processes for rendering cotton fabrics incombustible. Still, credit will be well earned by those who shall succeed in bringing effective processes into general use.—ED. L.

Mitcham.—Complaints have reached us from several quarters that Mr. Parrott, of Clapham, has opened a surgery in this district, at which he gives advice gratis to the patients of gentlemen engaged in practice in the neighbourhood. We are willing to make allowances for any gentleman who may wish to extend his practice legitimately; but we must express our deep regret that a practitioner of Mr. Parrott's position should think it necessary to resort to a proceeding which may render him liable to animadversion. We have too much respect for the reputation which has been justly earned by the "Parrotts of Clapham" to entertain anything but a friendly feeling towards them; we can but lament that any blot should be upon the escutcheon of men who have borne the highest character for nearly half a century in Clapham and its district. Even in these remarks we may possibly be inflicting an injustice upon Mr. Parrott. If so, we shall be only too happy to publish any explanation of the course which he has pursued. Certainly, under any circumstances, it must be acknowledged that Mitcham and its environs are well supplied with competent and highly respectable practitioners.

Mr. John Martin.—1. No time is stated, but probably up to the 31st of the current month.—2. It is at present uncertain, and can only be decided by the opinion of the judges.—3. He cannot attach M.D. to his name.

Iatros.—The bye-law of the College is imperative. No member of the Royal College of Physicians of London is permitted to practise pharmacy in any way.

PROFESSIONAL ADVERTISING.

To the Editor of THE LANCET.

SIR,—If you will permit me, I must again encroach on your valuable space to inform Mr. Dalton that, not having any reason to be ashamed of my name, I did append it to my last communication, but it was not inserted; and so far from there being anything personal in the matter, I have not the slightest acquaintance with that gentleman. I still think it is the duty of every member of the profession to uphold its dignity by all means in his power; but whether that is to be effected by advertising in the public journals, I leave you to decide.

I am, Sir, yours truly,

Ashling-villas, Cheltenham, Dec. 1859. ALFRED SANDERS, M.R.C.S.E.

Mr. Joseph Packard.—Assuming that all the facts are correctly stated, Mr. Gorham was not justified in taking charge of the patient. It was his bounden duty, both as a medical practitioner and a gentleman, to hold a consultation with the surgeon in attendance. This was not only imperative on him in any case, but more especially so as Mr. Packard had treated the case successfully, and to the satisfaction of the patient and his friends. Medical gentlemen should be extremely chary of interfering with cases merely upon the request of some busybody connected with the patient. The result is never satisfactory to either party, and the plainest rules of medical etiquette are violated. All departures from the known laws of medical ethics are certain eventually to bring their own reward. The practitioner who has a due regard for the honour of his brethren will never fail to establish for himself a better position when he ignores the apparent temporary advantage which may result from an unfair interference in any given case. Were this fact taken into consideration, how many acts of injustice might be prevented, and how much higher would the members of an honourable profession appear in the eyes of those who look to them for assistance in the time of their distress and suffering!

J. B.—Next week.

A Reformer.—The case of Dr. Bierman was noticed in this journal in consequence of his being a member of the profession. The cases forwarded to us savour of gross injustice; but the subject is more fitted for the pages of a political than for those of a medical journal.

Dr. A. B. Granville.—The request shall be attended to.

X. Y. Z.—He cannot practise legally as an apothecary, nor can he assume any title implying that he is registered under the provisions of the Medical Act.

Mr. Henry Barber (Nottingham) is thanked for the information forwarded.

CERTIFICATES OF UNQUALIFIED PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—A hotel-keeper of this place, having had a few days' shooting from home, returned, and on the following day was taken ill. A quack was called in, who attended for four days, at the end of which the patient died. "Delirium tremens" was certified as the cause of death by the quack; but he did not sign his name to the certificate, afraid, I suppose, of being prosecuted. The registrar of the district received the certificate unsigned, as apparently of no consequence, and the interment of the deceased proceeded forthwith.

What can be done with the parties in such a case as this? Can the body be disinterred, and a post-mortem examination held to ascertain the cause of death?—which may be poison, or the quack's treatment, or natural.

Yours respectfully,

Marsden, Lancashire, Dec. 1859. JOHN HEYWORTH, Surgeon.

*** It was the duty of the registrar in such a case to forward the unsigned certificate and information of such facts as were within his knowledge to the coroner. Undoubtedly such a case is a fit one for an inquest. The imputation of death from delirium tremens, if unfounded, is unjust to the deceased man, and may be the source of injurious reflections on his family.—ED. L.

Vox Victis.—In many of the Volunteer Rifle Corps medical gentlemen will be found amongst the effective members. No just objection or exception can be taken to the proceeding; on the contrary, it is honourable to the patriotism of the profession.

C. B. will find the subject treated of in all the systematic works on Surgery.

A Subscriber.—The handbill shall be forwarded to the Committee of the London Medical Registration Association.

A F.R.S. and M.D. Erlangen has omitted to send us his name and address.

Sold Again.—It is impossible that any journalist should be cognizant of every vacancy that occurs. The fault in the present instance rests with the secretary of the hospital, who neglected to forward to us the information.

Mr. Henry Wax.—In the tenth volume of the "Transactions" of the Society.

Starch.—1. The rule is not invariable. The senior practitioner would do well in such a case to meet his junior.—2. If the senior refuse the consultation, then the junior may with propriety attend in his absence.

C. C. C.—The subject has been already sufficiently discussed in our pages.

F. G. B.—There is little choice between the qualifications, as regards either the honour or the right of the practitioner to assume the title of "doctor."

Exeter.—It is not yet acknowledged; but it will most likely soon be so.

A. W.—No such announcement has been made.

Mr. C. H. Cornish.—The newspaper did not reach us, or attention would have been paid to the subject.

Gimel.—They cannot be prosecuted unless they assume a medical title.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Brown-Séquard; Mr. Burness; Mr. George Cleveland; Dr. J. Cockle; Mr. Earnshaw; Mr. John Topham; Mr. Mitchell Henry; Mr. I. B. Brown; Mr. Doig; Mr. C. Smith, Highworth, Wilts; Mr. Samuel Norway; Mr. L. M. Bennett, Winterton; Mr. Henry Munroe, Hull; Mr. J. B. Wolfe, Paris; Dr. Jarrell, Exmouth, Devon; Dr. Wynter, Winslow, (with enclosure;) Mr. Gisby, Ware; Mr. Brand, Stratton, (with enclosure;) Mr. Wheatley, Carlisle, (with enclosure;) Mr. Powell, Crewkerne, (with enclosure;) Mr. Hart, Coggeshall, (with enclosure;) Mr. Haworth, Oswaldtwistle, (with enclosure;) Mr. Payne, Sheffield, (with enclosure;) Dr. Cheetham, Rochdale; Messrs. Black, Edinburgh, (with enclosure;) Mr. Dunn, Frome, (with enclosure;) Mr. Morris, Spalding, (with enclosure;) Mr. Hudson, Longford, (with enclosure;) Mr. Simpson, Hatfield, (with enclosure;) Mr. Cooke, Stamford, (with enclosure;) Dr. Watson, Derby, (with enclosure;) Dr. Kirkman, junior, Melton, (with enclosure;) Dr. Conolly, Hanwell, (with enclosure;) Mr. Rackham, Beachamwell, (with enclosure;) Mr. Clarke, Isle of Wight, (with enclosure;) Dr. Livy, Bolton, (with enclosure;) Mr. Smith, Birmingham, (with enclosure;) Mr. Boulland, Hull, (with enclosure;) Mr. Stretton, Kidderminster; Messrs. Dalton and Jessop, Cheltenham, (with enclosure;) Dr. Saville, Sunderland; G. W., Hull, (with enclosure;) &c. &c.